

MAPS

Bulletin of the Multidisciplinary Association for Psychedelic Studies • Volume XII, Number 2

From celebration to frustration, and back again. MAPS' major accomplishments at the end of last year led me to believe that our goal of developing psychedelics and marijuana into FDA-approved prescription medicines was moving from distant vision to realistic possibility. Yet immediately after celebrating our achievements, new resistance blocked further progress and for a time our initial excitement was replaced by frustration. Now, after more than half a year of difficult, slow work, we've made significant progress overcoming some obstacles and have energetically responded to others.

On November 2, 2001, after fifteen years of struggle, FDA approved a MAPS-funded MDMA psychotherapy protocol, specifically Dr. Michael Mithoefer's study of MDMA-assisted psychotherapy in the treatment of posttraumatic stress disorder (PTSD) (p.4). By November 7, however, senior administrators at the Medical University of South Carolina (MUSC), where we expected to conduct the study, reacted with alarm to the media attention generated by FDA's approval of the protocol (see www.maps.org/media/). We tried for five months to address their fears and concerns, but were unable to obtain permission to submit the protocol for review to the MUSC's Institutional Review Board (IRB). We then started negotiating with FDA to move the study to a new location. On June 14, FDA informed us that our request was approved. We're now in the midst of an independent IRB review, and with luck will be able to begin the study in several months.

Letter from Rick Doblin, Ph.D., MAPS President

We also experienced a roller coaster ride in our four-year effort to obtain a license to produce our own supply of FDA-approved marijuana, necessary in order to proceed in a professional manner with a medical marijuana research program. MAPS has partnered with Prof. Lyle Craker, UMass Amherst Dept. of Plant and Soil Sciences, and has pledged a grant to fund all production expenses (p. 3). On December 3, 2001, after reviewing our application for six months, the Massachusetts Department of Public Health informed me that it had no objections in principle to the UMass Amherst facility, as long as the Drug Enforcement Administration (DEA) first approved the project. This major milestone moved the application to the federal level.

Progress soon stalled. On December 5, DEA informed me that it had lost our application, which we had submitted six months before. We subsequently faxed a copy to DEA, waited over a month and then were told the application was rejected because it only had a photocopied signature (DEA had lost the application with the original signature). Realizing that we were in for a major struggle, we decided to seek outside support before resubmitting. These last six months have been focused on obtaining two supporting documents; a letter to DEA Administrator Asa Hutchinson from several Congressional Representatives endorsing the licensing of private facilities to produce marijuana for medical research (see back cover), and a legal analysis by the American Civil Liberties Union and Covington & Burling explaining why US international treaty obligations do not prevent DEA from licensing the facility. We anticipate filing our application in early July.

In December 2001, as a result of a generous grant from a new donor, MAPS and CanORML were able to start planning for a new round of marijuana vaporizer research. Our intent is to have a vaporizer approved by FDA for use in clinical trials, following the recommendation of the Institute of Medicine for the development of a non-smoking delivery device. Unfortunately, our search for vaporizers that had a reasonable chance of being approved by the FDA ended up taking longer than anticipated. We've recently chosen two promising models, the Volcano (www.vapormed.com), and the Vapir (www.air-2.com), and have finally started a new \$35,000 marijuana vaporizer research project, with results to be reported in the next Bulletin.

During these difficult times, I've been encouraged by the stories I've been reading to my kids, particularly about the tortoise and the hare. If anything characterizes MAPS' track record, it's slow and steady! With your continued support, I'm confident we can win the race, eventually. — **Rick Doblin, Ph.D., MAPS President**

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MAPS (Multidisciplinary Association for Psychedelic Studies) is a membership-based organization working to assist psychedelic researchers around the world design, obtain governmental approval, fund, conduct and report on psychedelic research in humans. Founded in 1986, MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax-deductible donations. MAPS is now focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining government approval for their medical uses. Interested parties wishing to copy any portion of this publication are encouraged to do so and are kindly requested to credit MAPS including name and address. The MAPS Bulletin is produced by a small group of dedicated staff and volunteers. Your participation, financial or otherwise, is welcome.

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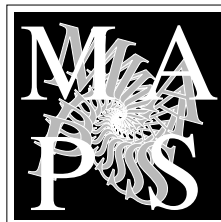
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In the fall 2001 MAPS Bulletin (volume XI, number 2), the photograph of the peyote plant used on page 11, taken by Christopher Barnaby, went uncredited. We deeply apologize for this omission.



Edited by Rick Doblin, Maggie
Hall and Brandy Doyle
Layout/Design by Mercedes
Paulino

ISSN 1080-8981

Printed on recycled paper

UMASS AMHERST/MAPS MARIJUANA PRODUCTION FACILITY: PROGRESS REPORT

Rick Doblin, Ph.D.

“...MAPS has partnered with Dr. Lyle Craker, UMass Amherst Dept. of Plant and Soil Sciences, in an effort to obtain permission from the Drug Enforcement Administration (DEA) to establish a licensed production facility....”

MAPS has worked for many years to support research designed to evaluate marijuana's safety and efficacy as a potential Food and Drug Administration (FDA)-approved prescription medicine for a variety of patient populations. One limitation on the conduct of this research is that the National Institute on Drug Abuse (NIDA) has a monopoly on the supply of marijuana that can be used in FDA-approved research, and has refused to supply marijuana to two MAPS-supported researchers with FDA-approved protocols. When it does agree to supply marijuana, NIDA sends marijuana of low potency with seeds and stems included. In order to evaluate fairly marijuana's medical potential, a better quality product is required with definite availability for any FDA-approved protocol.

For the last several years, MAPS has partnered with Dr. Lyle Craker, UMass Amherst Dept. of Plant and Soil Sciences, in an effort to obtain permission from the Drug Enforcement Administration (DEA) to establish a licensed production facility to grow 25 pounds of high-potency marijuana. This marijuana would be for use exclusively in FDA and DEA-approved research protocols and would not be for patients approved under State but not Federal laws.

On December 3, 2001, the Massachusetts Department of Public Health (DPH) indicated that it had no objections in principle to Dr. Craker's application to grow marijuana at UMass Amherst, but that DEA would need to issue a permit first. I then inquired of DEA about the status of our application, which had been submitted on June 25, 2001, the same day as the DPH application. Surprisingly, DEA informed us that the application had been lost. On December 21, 2001, the UMass Amherst Dept. of Grants and Contracts faxed me a copy of the application, which I then faxed to DEA. In early February 2002, DEA informed me that our faxed application was not acceptable since there was no original signature on it, only a photocopy.

We decided to wait to submit yet another application to DEA until we had two additional documents. The first is a legal analysis of US international treaty obligations prepared by the American Civil Liberties Union Drug Policy Litigation Group and D.C. law firm Covington & Burling, which explains that DEA can indeed issue the license. The legal analysis will probably be completed before you read this. The second is a letter to DEA Administrator Asa Hutchinson from several Congressional Representatives expressing support for privatized production facilities, which exist for all other Schedule 1 drugs except marijuana. The June 6, 2002 letter from five Massachusetts Representatives, whose signatures were gathered by the Marijuana Policy Project, appears on the back cover.

We anticipate refiling our application in July. Although our application is in harmony with the rhetoric of the Bush Administration, which favors scientific research as the means to resolve the medical marijuana issue, it's too early to tell how DEA will respond. ■

MDMA-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF POSTTRAUMATIC STRESS DISORDER (PTSD): AN UPDATE ON THE APPROVAL PROCESS

Michael Mithoefer, M.D. (mmit@mindspring.com)

“Two senior professors of psychiatry had read the protocol and each said that they would be willing to sign on as the study ‘sponsor’ for the IRB.”

In the fall 2001 issue of The MAPS Bulletin (volume XI number 2), I described the Investigational New Drug Application (IND) that Rick Doblin and I submitted to the U.S. Food and Drug Administration on October 1, 2001. The IND requested permission to conduct a MAPS-sponsored study of MDMA-assisted psychotherapy for the treatment of posttraumatic stress disorder (PTSD). I now have an update about our progress through the approval process since then, including some bumps in the road and at least two pieces of very good news.

Once an application is formally submitted to the FDA they have thirty days to reply, so we knew we would hear something by the end of October. We also knew it was possible that this initial reply would be the beginning of a process of discussion and negotiation rather than a final decision. On October 29, Rick Doblin got a call from the FDA to tell us that members of the panel reviewing our application wanted to have a conference call in order to address some concerns about the protocol before they made a decision. On October 31, Rick and I had a teleconference with two doctors from the FDA Division of Neuropharmacological Drug Products. We had a useful discussion during which we agreed to make some changes in the protocol.

These changes are as follows: 1) We will measure blood pressure and pulse more frequently during the MDMA sessions and will have lower thresholds for instituting increased monitoring and considering treatment. 2) There will not be an opportunity for subjects who received placebo to be given “open label” MDMA sessions at the end of the study. Although we would have liked to have been able to include these open label sessions, we felt the FDA position on this was reasonable. Since this is the first Phase II study, we presently don’t have data to support an argument that an open label dose would be beneficial. 3) Subjects will not be able to take any psychiatric medications until after the final evaluation (two months after the second MDMA or placebo session), including medications they had taken before the study. An exception to this would be a “rescue medication” that I could prescribe if a subject were experiencing severe anxiety or insomnia. 4) Subjects who were in ongoing therapy prior to the study will be able to continue that therapy but will not be able to increase the length or frequency of the sessions and will not be able to start any new therapy during the study period.

“There appears to be considerable resistance within the university to having this potentially controversial study take place there.”

The FDA physicians also wanted to discuss the possibility of excluding subjects who had not previously taken MDMA. This had been a requirement in all the Phase I studies in this country. We argued successfully against adding that exclusion, because restricting inclusion only to people experienced with MDMA or ecstasy would unnecessarily skew and limit the pool of potential subjects. It was agreed that, as requested, we would be allowed to include “MDMA naive” subjects in our study.

The following day, we faxed in a formal version of the changes we had discussed. On November 2nd, we got a call telling us our application had been approved and we could proceed with the study. We were extremely gratified that the FDA had evaluated our protocol based on the scientific data and had responded accordingly. The process of negotiating with them about some of the details had been straightforward and productive.

The next step was to submit an application to the institutional review board (IRB) at The Medical University of South Carolina (MUSC). In order to do so I needed the signatures of the Acting Chairman and one other full time faculty member from the Department of Psychiatry (I am on the clinical faculty, but not the full time faculty). Although we had elected not to submit a formal application to the IRB until after obtaining FDA approval, I had spoken to a number of people at the Medical University and had found considerable support for the study. Mark Wagner, PhD, a neuropsychologist in the Department of Neurology at MUSC, had agreed to participate as my co-investigator and to conduct the neuropsychiatric testing. Two senior professors of psychiatry had read the protocol and each said they would be willing to sign on as the study “sponsor” for the IRB. I had made an appointment to meet with the Acting Chairman of psychiatry to discuss the study and address

any concerns he might have.

On the morning of my scheduled meeting with the Chairman, the first media reports about our FDA approval appeared in the Wall Street Journal. As a result of this article and the additional media attention that followed, I suddenly found myself confronted with a much more difficult climate at the Medical University. I cooperated with the University Press Office in their attempts to deescalate the media response, and hoped that in time my discussions with people at MUSC could get back to addressing matters of science and patient safety rather than media reports. Since November, I have been trying to bring our application before the IRB for a formal review of its merits, however I have not made significant progress in that direction. There appears to be considerable resistance within the university to having this potentially controversial study take place there. Although we remain hopeful that we will be able to do MDMA research at MUSC in the future, we decided in early March to move ahead with pursuing other options in the interest of avoiding further prolonged delays in this project.

On March 14th, 2002 we submitted a formal request to the FDA to change the location of the study from the MUSC General Clinical Research Center to an outpatient setting outside the University. This request provided detailed descriptions of the ways we would handle any potential medical complications, and it included a proposal to have emergency drugs and equipment on hand and to hire an experienced ER nurse to be present in the adjoining room during the MDMA sessions.

On May 10th 2002, we got a phone call from the FDA informing us that a “clinical hold” had been placed on our study because of concerns relating to the provisions for handling medical emergencies outside the hospital. There was some concern about the details of treating hy-

pertensive emergencies in particular, and a more general concern that we would not have an emergency response team comparable to what exists in a hospital setting. Rick and I spent the weekend polling a number of practicing ER physicians about our proposal and working out a response to the FDA's concerns. The ER physicians we spoke to concurred with our approach to blood pressure monitoring during antihypertensive treatment, and Dr. Howard Kornfeld wrote a letter of support to the FDA. On May 13th, we faxed them a response indicating that we understand and appreciate the issues raised concerning the safety of our subjects, and that we agree that, for this pilot study, we need to provide a level of emergency response in the office setting comparable to that which would be provided in the hospital. In keeping with that intent, we proposed to add some additional monitoring equipment, and to hire a currently practicing, board-certified, emergency physician as well as a currently practicing emergency department nurse to be present in the adjoining room during at least the first five hours of each session. These two staff, along with the two co-therapists (me and my wife, Annie), would give us a team of two experienced emergency physicians and two registered nurses. This would allow us to respond to a medical emergency at least as effectively in an office as in a hospital, and arguably more effectively. In addition, from a psychological standpoint, an office has the advantage of being quieter, more comfortable and more aesthetically appealing than a hospital room. (From a financial standpoint, the extra cost of these precautions would be approximately \$40,000, which is almost exactly what we would have had to pay MUSC in indirect costs, so they would not add to the overall cost of the study.)

Rick and I had a conference call with the

FDA team reviewing our request on May 14th, and were gratified to find that they were very receptive to our revised proposal. They told us that before making a final decision, they wanted an opinion from their cardiology division. On June 11, we received a fax with several recommendations from the FDA Division of Cardiorenal Drugs. These recommendations demanded

some fine-tuning of what we had already agreed upon, but required no major changes in our approach. I felt that what they requested was reasonable and was unlikely to inter-

fere with the therapeutic nature of the sessions. Later that day Rick informed the FDA that we would agree to these conditions, thus clearing the way for them to remove the clinical hold on our study.

With the help of the rest of the original application team, Ilsa Jerome and Matthew Baggott, we've prepared an application to a private IRB. On June 14, we received clearance from the FDA to do the study outside the university. On June 19, we submitted the IRB application. If this process goes smoothly, we should be in a position to start recruiting subjects in August or September.

It's been a sometimes frustrating but always interesting seven months. I've learned something about the intensity and the pitfalls of media attention. I've been not too surprised, but still very sorry to see the degree to which academic freedom in a university can be constrained by prejudice and political pressure. I've been impressed and heartened by the integrity and professionalism of the FDA. And I've really enjoyed the experience of working with Rick and the other people at MAPS to respond to the challenges that have presented themselves. Obviously this project has momentum, and I'm enjoying the ride. ■

"If this process goes smoothly we should be in a position to start recruiting subjects in August or September."



MDMA IN THE TREATMENT OF MY EATING DISORDERS RELATED TO SEXUAL TRAUMA

R.C.

(to contact author, e-mail info@maps.org)

I am writing to tell your organization that I strongly support careful (not abusive) clinical use of MDMA.

I am a 41-year-old professional woman who has been struggling with a severe eating disorder (bulimia) for over twenty-five years. The eating disorder began to manifest at age nine, following sexual and abandonment trauma. It is hard to describe the extent to which my inner struggle with pain, self hatred, and feelings of purposelessness have robbed me of living for all of these years.

"It is not an overstatement to say that the sessions I did with the MDMA, in the hands of a skillful analyst, saved my life."

I have been in therapy off and on since age nineteen, with little to no effect. Therapy was better than nothing... but only just. Prozac and similar drugs would elevate my mood initially, then induce a dulled effect that felt unreal. Prozac, Zoloft, etc. did not help the eating disorder. I remained incapable of loving myself or opening to others. My life was lost to black, contracted cycles of bingeing and purging.

Healing requires some inner kernel of self love. I knew this intellectually (and was brought to this recognition by various therapists) but could not find that space inside myself. I attempted suicide twice during my adult years, the second time seriously.

“I think that MDMA is a life-saving therapeutic tool for people such as myself, who are caught in addiction patterns that attempt to replicate nurturing & feeding of the self.”

I’m afraid to say how or when it came about — I’d be willing to bet our government is keeping very close tabs on your organization’s publications — but I came under the care of a wonderful Jungian analyst following my second suicide attempt. After a year of work with him, he suggested use of MDMA in a contained, safe, retreat setting. Because of my upbringing and professional position, I had reservations about doing “drugs”. Finally, after a further desperate cycle with the bulimia, I asked to try it.

I am so grateful, so thankful, that I took the risk. It is impossible to overstate how the work I did with this person using the MDMA profoundly changed my life. I was able for the first time to feel a space of love for myself. As my work with the analyst continued, I began to open more towards others and could tolerate work in a group setting (I had difficulty tolerating group work prior to the MDMA). In all, I did roughly six sessions using the substance over a two year period.

I still struggle with the eating disorder, but I have a sense of hope that was completely absent prior to the MDMA sessions. Through meditation, I am now capable of finding the self love that is so crucial for healing. It is not

an overstatement to say that the sessions I did with the MDMA, in the hands of a skillful analyst, saved my life.

Tragically, the courageous individual who so helped me paid a high price for his work. He was forced to relinquish his license (not in connection with his work with me) and has since left the country. I am frustrated and heartbroken that the work that made my “opening” possible cannot be available to others.

I think that MDMA is a life-saving therapeutic tool for people such as myself, who are caught in addiction patterns that attempt to replicate nurturing and feeding of the self. Many addicts are simply incapable of self love. MDMA allows one to find this space inside the self. I found that it allowed me to release the defenses and barriers that blocked me from connecting with and loving myself and others.

I do think, however, that use of MDMA must be careful and coupled with skillful analysis. It would be easy to abuse this substance in the wrong hands. In my case, it was helpful to prepare for the sessions with disciplined ritual work. It was important for me to view the substance as sacred and not for recreational abuse.

The analyst required that I commit to a full weekend of ritual work to prepare for the work with the MDMA. A typical schedule, for example, would be a Friday evening at the “retreat” location of meditation, quiet dinner and a discussion of intentions and issues for focus during the work. On Saturday morning, we would continue with a morning of silence/meditation and prayer, break with a midday lunch, ritual work such as prayer flags, meditative walks, and collecting flowers or things from nature to decorate the “altar”. We would begin the work at dusk with an intention circle.

After the first two sessions, I worked in

“I do think, however, that use of MDMA must be careful & coupled with skillful analysis.”

small groups (two to four other people). The therapist did not use the MDMA, but worked with me as a guide through the issues I needed to explore. Other techniques used by the therapist included drumming, breath work (during the MDMA session to deepen the experience and reach blocked areas), and body work, including traction and Trager method massage (profoundly moving and extremely helpful in my case).

On Sunday morning following the work, we journaled and discussed the experience. In addition, careful music choices were an important part of the experience (expansive, organic soundscapes).

The analyst came to grief when a former patient discussed the work with a new therapist, who either reported or persuaded the patient to report the work to an oversight entity of some kind. I had worked with the patient in group, and observed that the patient was somewhat infatuated with the analyst. Amateur speculation here, but I suspect that she projected quite a bit onto the analyst (I saw that happening) and subsequently “punished” him for not returning her affection.

Other than the obvious, limitations of the work include expense (weekend is a big time commitment for a therapist) and setting. To be as effective as possible, the work really requires a retreat location that is suited to deep, meditative inner work. It was my sense that the analyst has to be careful to ensure the serious nature of the work, and not to let patients pressure him/her into overuse, or to relax the ritual and sacred character of the work.

I wish to add that perhaps the single most important aspect of the work with the MDMA is that I opened sufficiently to let myself be held and receive nourishment from an archetype of

the “Mother”, i.e., a woman who understood the process and acted as an assistant during several of the sessions. She was available to literally just hold me (if I wanted holding at any point) during the sessions. The holding was very safe; it did not have either a “hungry mother”, a sexual, or a forced, absent quality to it (three very different but damaging things to kids). I would not have been able to tolerate the holding without the MDMA, yet it was the single most important element moving me towards

healing. I sobbed for many, many hours. The irony is that people who grow up with emotionally absent mothers/trauma issues desperately crave to be filled by the “Mother”, but cannot tolerate or have difficulty allowing themselves to receive love from others. The experience

“The experience demonstrated very clearly to me the relationship between my addictions and hunger for the Mother.”

demonstrated very clearly to me the relationship between my addictions and hunger for the Mother. During the sessions, I was able to see and (in wonderment) release my “defendedness”. The MDMA allowed me to actually feel and go into the grief/loss. It also allowed me to receive healing Mother energy, which in turn made it possible for me to find self-love. This is so important to overcoming certain traumas.

It is very important to keep any “holding” work safe and non-sexual. It is also important for the patient to understand the potential for transference, etc. With regard to the patient who reported my analyst, I wonder if he may have started her in the MDMA work too soon, before fully discussing and working through these kinds of issues with her during regular therapy sessions. It’s really a darn shame. ■

MDMA: A SOOTHING BALM FOR A SURVIVOR OF SEXUAL ASSAULT

Lisa (to contact author, email: info@maps.org)

"If we want meaning in our lives, we can find it in the depth of our questions, the depth of our answers and the necessity to care for one another." – Carl Sagan

"One dose in the right setting improved the rest of my life in profound and subtle ways."

MDMA can soothe the pain and terror that still gnaws at a person's core for years...even decades...after sexual assault. One dose in the right setting improved the rest of my life in profound and subtle ways. I don't sit with my arms and legs folded tightly as a signal to stay away nearly as much as I used to. I am in love with a man I trust. And my nightmares have finally changed.

For over twenty years, the dream scenario was almost always the same. I would frantically struggle with numb fingers to lock multiple locks on one side of a door as my attacker on the other side was unlocking them with superhuman speed. Since I took MDMA with the intention of receiving its therapeutic benefit, I no longer wake up feebly gasping the word, "help," aloud even though it feels as if I'm screaming my brains out with no hope of anyone arriving in time to save me.

Although I had good results with conventional therapy and a short-course of prescription antidepressants, part of me was not fully restored. I'd read accounts of how LSD had been used in therapy before it became illegal, and I'd wondered at times if it might unlock the cogs in my soul that were jammed. The potential of hallucinating—without a firm grasp on reality—that I was again in the presence of the babysitter who molested me when I was seven or the guy who raped me when I was eighteen was too threatening. I just knew I was a bad acid trip waiting to happen, so I turned down a few opportunities to try it when I was younger.

Taking MDMA, commonly known as Ecstasy, was my way of securing the help that didn't arrive when I was little or overpowered. And it worked. For me, Ecstasy was sanctuary—a few hours in the safest place I'd ever been.

I had heard a few anecdotal accounts from acquaintances about what the experience was like for them. Like most people probably do at first, I assumed it was a feel-good party drug—a less sinister cousin to cocaine. Something too risky and illegal for me to even consider. I was well into my

professional life before I learned that dozens of therapists used MDMA successfully as a supplement to therapy in the 70s and 80s for a wide range of clinical applications.

So, at the age of thirty-six, after not even being in the same room with any drugs since grad school, I set out to self-treat myself in the best situation available at the time.

I wanted so badly to turn the whole evening into an “all about me” therapy session. I had fantasies about the kind of experience I’ve since heard referred to as the “sacramental use of empathic substances.” Something very new-agey and ritualistic. But considering that others in the group had never tried it before and those who had didn’t want to spend the evening getting in touch with my feelings (even though they’re all very decent people and supportive friends), I decided it would be far too selfish and actually rude to demand special attention.

As unique as the evening seemed at the time, this next part will sound like a bit of a cliché. We took a cab to an underground club. It was my first and only rave. It wasn’t a huge gathering in the desert or in a derelict warehouse. It was just a big basement downtown packed with kids and an enormous sound system. I had only agreed to go after we made a plan to leave early enough to spend time just talking and listening to music back at home.

I knew I’d be half a generation older than most of the other people at the club. So, I wasted a ridiculous amount of time worrying about things like whether or not I’d stick out because I was wearing the wrong shoes. A friend who knew this scene assured me that no one there could care less about my footwear. I had no idea how right she was.

I was starting to feel really out of place and somewhat threatened when we descended the first set of stairs to a table where a young girl and a bouncer-type were selling tickets. It was the familiar feeling of losing access to all the exits—of being profoundly trapped. I paid my fifteen bucks, and as she reached out to

stamp my hand, the girl gazed up at me and airily sighed, “She’s beautiful.” Her comment was so welcoming. Of course, I suspected it was drug inspired, but nevertheless my self-consciousness began to diminish from that point on. I had a comforting feeling that the people here wouldn’t judge me harshly.

After watching the dance floor for a few minutes, we noticed about seven people huddled together in a conspicuous group hug. I turned to my friends and said smugly, “No way in hell that’s going to be us.” Little did I know.

I noticed that an organization dedicated to promoting safety in clubs was on duty here

“MDMA can create a safe way to confront deep fears with a lasting benefit that extends beyond the high.”

making sure water, cooled rooms, and educational literature was available. Feeling reasonably well-protected by my friends, I went ahead and swallowed one pill from a batch that we brought with us that checked out as okay on an Internet rating site and had passed a chemical screening test. And then I waited...

I’m not going to try to describe the sensations of the high. There are lots of other sources for first-hand accounts of what MDMA feels like—especially on the Internet. Some accounts focus on the physical experience while others try to convey the emotional or spiritual significance they discover.

Beyond the high, there are three ways in which the drug helped me cast off some of the lingering trauma I’d been suffering for years.

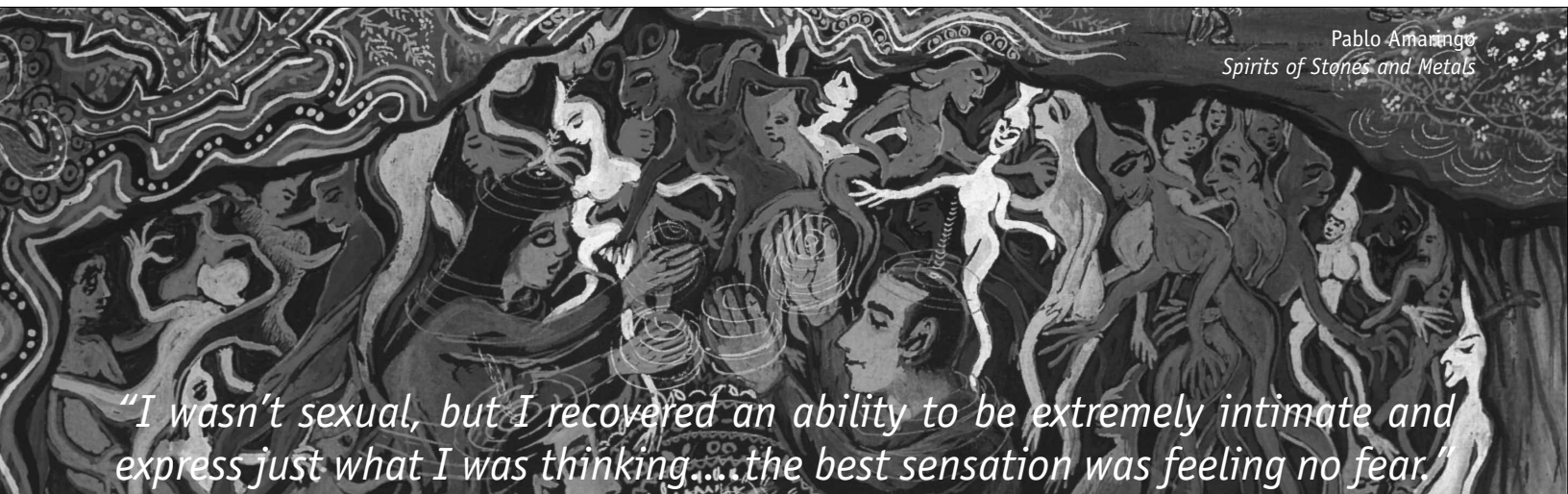
The first new awareness that came to me was social. I noticed a stark contrast between this club scene and the one I knew from my youth. When I went out dancing in high school and college, everyone dressed to

impress...usually all in black. We wore pouty scowls, acted coolly indifferent, and danced with self-conscious awareness about whether or not we were “doing it right.” And there was an ever-present “meat market” vibe.

With MDMA, the conquest mentality gets replaced with a desire to connect on a much more friendly and dignified level. It was indescribably healing to be in a male-dominated crowd and never once have the sensation that I was being ogled, stalked, chatted up, or hit on. And it wasn’t because of my age, either. The male attention I received was gentle and appreciative. Periodically, I’d be treated to a fantastical light show when a young man with glow sticks

clined rapidly with the introduction of MDMA into the scene in England. For the same reasons that sworn enemies from rival soccer clubs became peaceful ravers together, I think the prevalence of male violence against women could diminish—at least in the short term—as an effect of experiencing the self-love and empathy MDMA can provide.

For this reason, I was greatly saddened when I did a Web search using the words “MDMA” and “Rape” and found only two articles related to the therapeutic benefits for rape victims. All the others either directly or indirectly lumped MDMA into the Date Rape Drug category, giving what I believe is a false impression that sexual



would politely approach me and wait for an indication that I would enjoy such a treat. After about one minute of watching whizzing, glowing lights all around my field of vision with rapture, we’d exchange an appreciative smile, and then he’d move on to share the great sensation.

I believe that only a percentage, probably not even the majority, of people at the club that night were on MDMA. But I think that enough of them have experienced its effects in a meaningful way that propagates a lasting respect for others who are there to enjoy the music, the vibe, and each other...regardless of age, race, or gender. I’ve read about theories that suggest that soccer hooliganism in Britain de-

predators use it to subdue victims. For many, sexual function is not possible under its influence. In normal circumstances, the mind remains quite lucid and blackouts don’t occur. There may be threats—especially to very young women—that I’m simply not aware of. However, I haven’t come across any studies that take a serious look at whether MDMA contributes to increased violence against women or if this drug can actually help diminish it.

My second point underscores the validity of the view that MDMA does not impair rational thought. It is not a hallucinogenic drug. And further, it can create a safe way to confront deep fears with a lasting benefit that extends be-

yond the high. And here's how I know:

The other woman in our group had done Ecstasy before, so she was an effective guide who could gently enhance the experience for those of us who were new to it. At the beginning of the peak, she simply ran the tips of her fingers down the front of my forearm as an entirely non-erotic invitation to come out and play. It was her clever way of saying, "See what intense pleasure you're capable of feeling now?" After being locked away in my head, after floating somewhat disembodied without the sensation of feeling my feet on the ground, without ever really feeling sexy due to sexual assault, I was suddenly free.

I started to dance like a belly-dancer and a goddess, like a teenager and whole mature woman all at once. I had been dancing with my eyes closed, with pleasure and enough abandon to draw attention when I suddenly felt a hand on my shoulder and stopped. I opened my eyes to see a man's face inches from mine, and he was shouting at me to be heard above the loud music. He could have been the stranger in my nightmares.

He had thick furrowed eyebrows, squinty eyes, and a hard set to his jaw. He held one arm behind his back. "Does he have a weapon back there?" I thought. "Is he poised to flash his badge and haul me off to jail?" He continued shouting until I could hear him say, "What are you on?" It's very hard to lie under the influence of MDMA, and I've always been too polite for my own good, so I replied, "No, thank you." Again, he yelled, "What are you on? E? Acid? Alcohol?" I was afraid of being arrested, so again, I said, "No. Thank you." Finally, he revealed that he was holding water behind his back, and then I understood that he was probably a volunteer or someone affiliated with the club trying to prevent dehydration. But could I trust that his

bottle wasn't spiked with something dangerous? Knowing I could get water from my friends, I said, "No. Thank you. I'm fine," just as my friend approached.

She'd been accosted by him too and got the same creepy feeling I did. She comforted me and led me back to the rest of our group. This was the hallucination I had feared when I considered taking LSD, only this was real. I was alone in a situation that should have horrified me, but I stayed calm and when I returned to my group of friends, something very unexpected happened as a result of this encounter. By suddenly being put back into a threatening situation with overtones of the abuse I'd suffered in my youth, I got another chance to ask for heal-

ing, loving help. I felt vulnerable, but my rational mind was guiding me the entire time.

The third benefit was a sort of temporal cocoon that let me determine the personal gain I'd receive from this form of self-

therapy. MDMA gave me a second opportunity to metamorphosize in a way. When I got back to the group, we were all experiencing intense sensations, including the common urge to babble. I wanted everybody to stop, be still, and hug me. And I wanted to hug them too and express kind thoughts. I wanted them to listen to me and speak to me in soothing voices. But everyone had impressions and observations to share, and I didn't want to cause a scene. It felt somewhat similar to not being able to yell out in my nightmares, but without any fear present.

It was so loud in the club that we ended up breaking up in little groups of two or three. Even though we drew our faces near to each other in order to be heard over the music, we still had to shout a little. I gradually became aware that I was using a voice that was familiar

"My preference would have been to be with my therapist in a safe setting with loved ones who were committed to promoting healing."

and yet unlike my natural speaking voice. It was the voice of a little girl. The seven-

year-old me had showed up unexpectedly. The little girl's voice just came out without intention on my part. She was going to speak even if I wasn't. My friends didn't know it, but they were babysitting me for a while there.

For a couple of hours, I had a strong sensation of being little again. I was curious, sweet, precocious, and imaginative. It felt good to be in my body, and I assumed a child's posture and gestures. I wasn't self-conscious at all. I wasn't sexual, but I recovered an ability to be extremely intimate and express just what I was thinking. I was excited and impulsive and confident. I was open to making new friends just because they were people I liked...just like when I was seven. But the best sensation was feeling no fear.

The MDMA sensations wore off slowly and gently, and it had a lingering pleasant effect all weekend. But beyond that, my nightmares stopped and then changed. I had the first one a couple of weeks ago. This time, instead of cowering and screaming behind the unlocking door, I grabbed a tool...a hammer...to fight back. I woke up before I attacked my attacker, but with the sensation that I would bash his head in if I had to.

Why did I have to break the law to receive this healing? Why did I have to take such risks? My preference would have been to be with my therapist in a safe setting with loved ones who were committed to promoting healing. I would

"Why did I have to break the law to receive this healing? Why did I have to take such risks?"

want a medical doctor present if rare complications presented. I would want to

know with the greatest degree of certainty that I was taking the dose appropriate for my physiology. I would want to extend the benefit by having follow-up sessions with my therapist to maximize the therapeutic effect.

I don't plan to take MDMA again, but I have continued to learn as much about it as I can since I made the hard decision to break the law in order to heal myself. Despite all my personal research, I still do not understand why there's been no responsible, FDA-approved clinical testing of MDMA in this country since 1985. The argument that it has no medical purpose is a falsehood. It simply isn't true. We haven't taken the steps we need to in order to secure its tremendous social and personal humanitarian and pharmacological benefits.

We can't know what relief or rehabilitation this drug could offer to schizophrenics, psychotics, rape victims, addicts, gang members, those in chronic pain from disease, grief, or other trauma if scientists and research institutions can not complete credible, unbiased investigations.

We will all find more meaning in our lives when we are finally brave enough to push beyond our timidity and ignorance...when we choose caring for one another as our highest priority. ■

"We can't know what relief or rehabilitation this drug could offer to schizophrenics, psychotics, rape victims, addicts, gang members, those in chronic pain from disease, grief, or other trauma if scientists and research institutions can not complete credible, unbiased investigations."

UPDATE ON RESEARCH AT THE UNIVERSITY OF ARIZONA USING PSILOCYBIN TO TREAT OBSESSIVE COMPULSIVE DISORDER (OCD)

Francisco A. Moreno, M.D. (fmoreno@email.arizona.edu)

Approximately one year ago, we reported on the progress of our efforts to study psilocybin as a therapeutic agent in patients who suffer from obsessive-compulsive disorder (OCD) and fail to respond to standard anti-obsessional treatment. (<http://maps.org/news-letters/v11n1/11115mor.html>) At that time we reviewed the rationale for this study as well as the series of steps undertaken in order to make this project a reality. We will take this opportunity to share with you our progress since that time.

After a number of challenges and delays, we have been able to obtain final Investigational New Drug (IND) approval for research with psilocybin from the U.S. Food and Drug Administration (FDA), with MAPS paying for the synthesis of the psilocybin. We also obtained a certificate of confidentiality from the Drug Enforcement Administration (DEA), which is a legal tool that allows us to collect information from potential subjects without an obligation to report to any regulating bodies or criminal authorities, protecting in this manner the confidentiality of study participants. Since then we have been able to obtain additional research support from organizations such as MAPS, who facilitated the training of staff, and the Heffter Research Institute which provided support for the costly inpatient stays required as part of this protocol. We then obtained a

special license from the US DEA to prescribe and dispense psilocybin in the context of this research. Once all requirements were completed

we obtained the approval of the University of Arizona Human Subjects Committee, to begin recruitment.

Our team has entertained a large number of inquiries, and approximately fifteen interested subjects have engaged in several aspects of screening and consenting. Out of the subjects that engage in formal screening we are hoping that about 20 to 30% will be eligible to participate in

testing. Thus far we have completed testing of one subject and remain very optimistic about the study outcome. Testing takes place in a

"The MAPS website has been a major source of referral for us, so we encourage the readership to consider promoting study participation for appropriate subjects."



Drs. Francisco Moreno and Chris Wiegand

“Thus far we have completed testing of one subject and remain very optimistic about the study outcome.”

specialized procedure room at the Psychopharmacology Research Section of the University of Arizona Health Sciences Center. We have recently developed a contract with our hospital that will allow us to admit subjects overnight for observation in the psychiatric unit as mandated by the FDA.

Since testing is very time consuming and requires up to four day-long sessions each separated by about one week, we hope to continue testing subjects at a rate of one per month. In order to accomplish this we still need to work hard at recruiting patients who meet study entry criteria. The MAPS website (<http://www.maps.org>) has been a major source of referral for us, so we encourage the readership to consider promoting study participation for appropriate subjects.

Another challenge for our study has been the fact that a number of interested subjects live in distant parts of the country, making it difficult to travel and/or remain in Arizona for several weeks at a time. We hope that in the future we may be able to assist participants with some financial support to make their participation possible.

Our group remains very positive about this study, and we hope to be able to share with you exciting results when it is opportune. ■

THE RITES OF PASSAGE PROJECT: REQUEST FOR SUBMISSIONS

We are excited to announce that MAPS is launching the Rites of Passage project, aimed at sparking open and honest family dialogue on drugs, and helping families explore ways that psychedelics and marijuana can be better integrated into their lives. We hope to offer an alternative to abstinence-only drug education and raise the possibility that families may benefit from acknowledging the potential contributions of psychedelics in their lives.

To do this, MAPS is gathering written contributions, either signed or anonymous, from families who have tried to create a safe and supportive context for psychedelic experiences, primarily for the passage into adulthood, but also for the passage from life to death and other transformations and stages of growth in between. (To see several accounts that have already been posted, go to www.maps.org/ritesofpassage.html). We hope that the Rites of Passage project will allow people to share their experiences with others, discussing the risks, benefits, problems, and rewards of their choice.

If you have a story about using psychedelics or marijuana with a member of your family, please share it! Accounts should be between one and five pages long. We would especially like to have accounts written by each family member present. If you or your family member would prefer to record your story, you can send us the tape and we'll transcribe it.

You may wish to include details about the preparation and setting you chose, as well as your intentions for the experience. Please also discuss your reflections afterwards. How has this impacted your life? What would you have done differently? What would you tell other families considering the same choice?

Contact Brandy at brandy@maps.org or 941-924-6277 with questions or to submit your account. ■

PERSONAL ACCOUNT OF MUSHROOMS CURING OBSESSIVE COMPULSIVE DISORDER (OCD)

R.S., 21 year-old student at the University of Toronto (to contact author, e-mail info@maps.org)

In 1996, at the age of fifteen, I was diagnosed with Tourette Syndrome and Obsessive Compulsive Disorder (OCD). My parents had brought me to the doctor because I was having muscle twitches as well as recurrent disturbing thoughts. I couldn't seem to stop thinking about various ways to harm myself or others, yet I knew that these images in my mind were not truly me. The doctor explained to me what OCD was, and gave me some Prozac. The Prozac was effective for about two years, at which point it stopped working, and I was given a variety of other anti-depressants, as I had developed depression as well. Every medication I tried would work for a while and then lose its effectiveness, and by the end of 2000, I was taking no less than four medications at once.

Needless to say, I was not happy with this, and I felt that my doctor was making me into a pill junkie. I also began to experience side effects, including an inability to ejaculate. In early 2001, I stopped all medications, and sure enough, the depression and OCD returned full force. After a few months, I gave the medicine another try, but the side effects were even worse this time and I quickly stopped it. I decided that I would simply have to learn how to live with my disorder.

In October, 2001, a friend of mine came into possession of a large quantity of "Magic Mushrooms" (I assume they were *Psilocybe Cubensis*, but I can't be sure). For about 6-8 consecutive weeks, my friends and I tripped every Friday night. My usual dose was between 2 and 3.5g of dried mushrooms. I had used mushrooms once or twice before, but this was my first time using them regularly, at high doses.

My first few trips were absolutely amazing. Dazzling colors, and a general sense of happiness, with no significant hangover in the morning. By my second month of weekly tripping,

the mushrooms began to lose their magic. The visuals were not as intense, and I began to feel increasingly burnt out after the effects wore off. So, I figured that I had done too much of a good thing, and stopped using mushrooms around the beginning of December. It was in early November, after I had tripped on four consecutive Fridays, that I noticed that despite being stressed from school and a bit depressed due to a break up (factors that in the past had triggered my obsessive thoughts), I was not experiencing any symptoms of OCD. I did not attribute this to the use of mushrooms, and I was intrigued as to why my disorder had vanished.

Since then, my symptoms of OCD have not returned. I still experience short episodes of depression, but they are very mild and without the agitation that used to accompany them in the past. I told my doctor that my symptoms of OCD had gone away, despite being off all medications, and he didn't know what to make of that. I also told him about my use of mushrooms, and he simply called me an 'idiot' (this was the word he used) and told me that I was going to destroy my brain one of these days.

I did not make the possible connection between using mushrooms and the remission of the OCD until I visited the MAPS site last week and read about the study that was going on. That is when it all clicked in my brain, and I realized that I had inadvertently cured myself. ■

"I did not make the possible connection between using mushrooms and the remission of the OCD until I visited the MAPS site."

HOLOTROPIC BREATHWORK OFFERED TO UNIVERSITY OF ARIZONA/TUCSON RESEARCH TEAM

Diane Haug, M.A., LPCC (dianeh@newmexico.com)



Since 1986, I have been intimately involved with the work of Stanislav Grof, MD. Certified in Grof's first US three-year training program (along with my friend, Rick Doblin!), I am a longtime practitioner of Holotropic Breathwork and have served as a senior staff member with Grof Transpersonal Training since 1991.

Having worked in a training context for over a decade, one thing that interests me greatly is the application of Non-Ordinary States of Consciousness (NOSC) work in a wider variety of settings. In fact, I have always dreamed of one day being involved in the clinical application of psychedelic therapy. For that reason, I was delighted to receive a call from Rick Doblin in October 2001 asking me to be involved in offering holotropic breathwork to the University of Arizona/Tucson research team.

As many of you know, the University of Arizona/Tucson won FDA approval in July 2001 for a psilocybin/obsessive-compulsive disorder (OCD) study led by Francisco Moreno, MD (see this issue for update on the OCD study). With both logistical and financial support from MAPS, Stanislav Grof offered a series of talks and a Grand Rounds lecture at the University of Arizona/Tucson in October 2001. In attendance was the psilocybin/OCD research team. Grof discussed how to conduct psychedelic psychotherapy research and helped the team prepare for their treatment sessions. In addition to issues related to 'set and setting', Grof stressed the importance of researchers being committed to their own NOSC work in preparation for working with others.

Although there are some major differences between holotropic breathwork and psychedelic sessions, holotropic breathwork does offer a valuable alternative or adjunct to substance-induced non-ordinary states of consciousness. Over the years I have heard many people greatly experienced with psychedelics report that their breathwork sessions rivaled any psychedelic session they had experienced in terms of depth, intensity, relevance, etc. Because holotropic breathwork sessions are of shorter duration, typically easier to manage, legal, and accessible to a larger number of people, holotropic breathwork is a viable and powerful tool for mobilizing the

"...holotropic breathwork does offer a valuable alternative or adjunct to substance-induced non-ordinary states of consciousness."

unconscious and introducing people to the incredible realms of the human psyche.

In January, 2002, a colleague (Scotty Johnson of Tucson) and I offered a holotropic breathwork weekend workshop to the University of Arizona team. The weekend was organized by Chris Wiegand, MD, psychiatric resident and coordinator of the study. Also in attendance was Jean McCreedy, a trained volunteer 'sitter' with the project. Unfortunately, Francisco Moreno was not able to attend. While the Friday night session (introduction/orientation/preparation) was held at the University of Arizona Medical Center, we were blessed with a beautiful retreat setting (thanks to Friends of Tibet/Tucson) for our experiential work on Saturday. That day involved two breathwork sessions (one in which a participant was the 'breather'; the other in which he/she was a 'sitter'), and a group process in the evening.

Since few people on the research team have had much personal experience in deep non-ordinary states of consciousness or in conducting psychedelic sessions for others, the workshop was valuable in terms of introducing people to Grof's theoretical framework, issues related to creating a safe and therapeutically sound 'set and setting', and offering participants an opportunity to step outside their professional roles and responsibilities to spend a day in deep inner exploration/personal healing.

While this one workshop seemed like a drop in a very large bucket in terms of the kind of training/preparation those involved in psychedelic research would ideally be offered, it did feel as though we were on the right track. Inspired by the experience, I came home and excitedly projected a training model for professionals involved in research or the clinical application of psychedelic therapy. Conceptualized as four long weekends spread over a year, the focus of the training would be both *personal* and *professional*. In addition to the ongoing use of holotropic breathwork for personal exploration/healing, participants would be offered a theoretical foundation including the history of psychedelic therapy, review of Grof's cartogra-

phy, critical variables in psychedelic therapy (e.g., set and setting), principles of psychedelic therapy (e.g., preparation, session, integration), ethical considerations, etc. Although still a dream, it was a stimulating exercise to create a bridge between a work I know so well - and a work I would love to see manifest.

"...many people greatly experienced with psychedelics report that their breathwork sessions rivaled any psychedelic session they had experienced."

I am grateful to Rick Doblin and MAPS for the rich opportunity. I appreciated very much Francisco Moreno's warm responses to correspondence, Chris Wiegand's cheerful support in making things happen, and the interest and enthusiasm of the group. ■

Diane Haug, M.A., LPCC is a psychotherapist living in rural northern New Mexico. She is a senior staff member with Grof Transpersonal Training (GTT) and conducts professional training - including the Grof module on Shamanism - throughout the world including South America, Scandinavia, Russia and Europe. Following a longtime interest in the healing potential of non-ordinary states of consciousness, Diane has had the opportunity to work with indigenous healers in Brazil, Peru and Ecuador. In August, 2002, she will be working with Luis Eduardo Luna, *Ayahuasca, Holotropic Breathwork, Psychopharmacology and Consciousness* in Manaus, Brazil. For more information see www.wasiwaska.org.

KETAMINE-ASSISTED PSYCHOTHERAPY IN THE TREATMENT OF HEROIN ADDICTION: AN UPDATE

Evgeny Krupitsky, M.D., Ph.D. (kru@lond.spb.su)

Leningrad Regional Center for Alcoholism and Drug Addiction Therapy

Note from MAPS: MAPS is now three years and \$30,000 through its five-year and \$50,000 pledge to Dr. Krupitsky's study using multiple-dose v single dose ketamine-assisted psychotherapy (KPT) in the treatment of heroin addicts. We are currently seeking donations for the remaining \$20,000, pledged over two years.

I am pleased to inform MAPS readers of several developments in research with ketamine and ketamine-assisted psychotherapy (KPT). Most importantly, we are successfully progressing with our MAPS and Heffter-supported study of ketamine-assisted psychotherapy in the treatment of heroin addiction. The double-blind, placebo-controlled study compares multiple v single KPT sessions (more info at <http://www.maps.org/research/ketamine/ketrussia.html>). We have treated 59 subjects in the study to date and are beginning the third year of this five-year project. However, due to changing regulations regarding ketamine in Russia that went into effect recently, we cannot enroll more subjects until we implement new security procedures for the ketamine and obtain a new permit, though follow-up is continuing on subjects previously treated. It will probably take a few months before new patients can be treated.

"The study results I presented in Israel were from the first double-blind placebo-controlled randomized clinical trial of psychedelic psychotherapy conducted anywhere in the last thirty years."

Conferences

In September and October of 2001, I attended two major international psychiatric conferences, with assistance from MAPS. The first conference was the Annual Conference of the International Society of Addiction Medicine (ISAM) in Tel Aviv, Israel. It was initially planned for the year 2000 but had been postponed until September 2001 because of the political situation in Israel. At the Israel conference, I

presented the results of our recently finished study of high-dose v low-dose/placebo ketamine-assisted psychotherapy in the treatment of heroin addiction (for preliminary results, see <http://www.maps.org/news-letters/v09n4/09421kru.html>). The second conference was the International Congress of the World Psychiatric Association, held September 29– October 4 in Madrid, Spain. At the Madrid conference, I presented the results of a non-therapy ketamine study, and was able to include some discussion

of our therapy study as well.

Israel Conference

The study results I presented in Israel were from the first double-blind placebo-controlled randomized clinical trial of psychedelic psychotherapy conducted anywhere in the last thirty years. Our results have been submitted for publication to the *Journal of Substance Abuse Treatment* (see the abstract of our paper below). We

Abstract of Paper Presented in Israel

Krupitsky, E. et al. Ketamine-assisted psychotherapy (KPT) for heroin addiction: Immediate effects and two-year follow-up. In press, *J. Substance Abuse Treatment*.

Seventy detoxified heroin addicts were randomly assigned to one of two groups receiving ketamine-assisted psychotherapy (KPT) involving two different doses of ketamine. There were 35 heroin addicts (27 male and 8 female) in the experimental group, and 35 heroin addicts (28 male and 7 female) in the control group. The patients of the experimental group received existentially oriented psychotherapy in combination with a hallucinogenic ("psychedelic") dose of ketamine (2.0 mg/kg i.m.). The patients of the control group received the same psychotherapy combined with a very low, non-hallucinogenic (non-psychedelic), dose of ketamine (0.2 mg/kg i.m.). This low-dose induces some pharmacological effects without inducing a peak psychedelic experience. Both the psychotherapist and patient were blind to the dose of ketamine. Otherwise, all patients were treated alike and were given the same preparation. The KPT sessions, regardless of dose, also were similar. All patients' psychological and clinical evaluations during the treatment and follow-up period were performed by a clinician evaluator other than the psychotherapist providing KPT. This rater was also blind to the dose of ketamine. KPT included preparation for the ketamine session, the ketamine session itself, and the post session psychotherapy aimed to help patients to integrate insights from their ketamine session into everyday life. During the ketamine session, the psychotherapist provided emotional support for the subject and carried out psychotherapy. Psychotherapy was existentially oriented, but also took into account the subject's individual and personality problems.

The results of this double-blind, randomized clinical trial of KPT for heroin addiction showed that high-dose (2.0 mg/kg) KPT elicits a full psychedelic experience in heroin addicts as assessed quantitatively by the Hallucinogen Rating Scale. On the other hand, low-dose KPT (0.2 mg/kg) elicits "sub-psychedelic" experiences similar to ketamine-facilitated guided imagery. High-dose KPT produced a significantly greater rate of abstinence in heroin addicts within the first two years of follow-up than did low-dose KPT. High-dose KPT elicited a greater and longer-lasting reduction in craving for heroin (assessed with the Visual Analog Scale of Craving), as well as greater positive change in nonverbal unconscious emotional attitudes (assessed with the Color Test of Attitudes). Thus, the higher rate of abstinence in the high-dose group may be related to KPT's effects on craving (similar to other NMDA receptor ligands) and modification of nonverbal unconscious emotional attitudes. KPT-induced effects on depression, anxiety, anhedonia, and psychological changes as assessed by the MMPI, Locus of Control Scale, Questionnaire of Terminal Life Values, Purposes-in-Life Test, and Spirituality Scale were similar in the experimental and control groups. These results support the conclusion that high-dose ketamine-assisted psychotherapy may improve abstinence in heroin addicts through reduction in craving. However, it also appears that the acute psychedelic effects induced by psychedelic psychotherapy on the verbal level do not always lead to high rates of abstinence from drugs and alcohol. Further research should explicate how high-dose KPT improves relapse rates, and how to apply more optimally acute drug-induced psychological effects towards therapeutic ends.

“I think that it is very important to present the results of rigorous scientific studies of psychedelics at international psychiatric conferences, in order to combat prejudice and to positively impact the psychiatric community’s attitude toward psychedelic psychotherapy.”

used a single high-dose ketamine-assisted psychotherapy session as the experimental condition and a single low-dose ketamine-assisted psychotherapy session as an active placebo. The positive results in our two year follow-up data are a strong argument for the efficacy of ketamine-assisted psychotherapy for heroin addiction. After my presentation, several Israeli psychiatrists and medical officials expressed interest in ketamine-assisted psychotherapy and the possibilities of its implementation in Israel. We are now in the process of discussing the details of a visit by Israeli psychiatrists to our facilities in St. Petersburg, Russia, in order to teach them the technique and see how they could use it in Israel.

Madrid Conference

At the International Congress of the World Psychiatric Association in Madrid, I presented the results of a non-therapeutic ketamine study which I have conducted, and I also spoke about ketamine’s therapeutic and abuse potential. The study evaluated cognitive, behavioral, and ethanol-like effects of the interactions between two neuronal calcium channel ligands (blockers) in abstinent alcoholic subjects: ketamine, which is a NMDA-coupled calcium channel blocker, and nimodipine, a dihydropyridine-sensitive calcium channel blocker. We showed that nimodipine at-

tenuates psychotogenic, hallucinogenic, cognitive and some ethanol-like effects of ketamine in abstinent alcoholic subjects. This finding is important in the study of subtle neuropharmacological mechanisms underlying mind, psychiatric disorders, and development of alcohol dependence. It is also valuable because it suggests nimodipine’s potential therapeutic use in psychiatry.

Krupitsky, E. et al. (2001). “Attenuation of ketamine effects by nimodipine pretreatment in recovering ethanol dependent men: psychopharmacologic implications of the interaction of NMDA and L-type calcium channel agonists.” *Neuropsychopharmacology* 25 (6):936-947.

Conclusion

I think that it is very important to present the results of rigorous scientific studies of psychedelics at international psychiatric conferences, in order to combat prejudice and to positively impact the psychiatric community’s attitude toward psychedelic psychotherapy. I am very grateful to MAPS for the financial support of my visits to both Tel Aviv and Madrid, and for my KPT research, which otherwise would not have been possible. ■

“The positive results in our two year follow-up data are a strong argument for the efficacy of ketamine-assisted psychotherapy for heroin addiction.”

QUITTING SMOKING: A LAUGHING MATTER WITH NITROUS OXIDE

Maggie Hall (maggie@maps.org)



"...[nitrous oxide] helps patients overcome the physiological withdrawal from nicotine, which is a huge hurdle for smokers trying to quit the habit."

Dr. Jesse Haven, Anchor Health Center, in Naples, and Dr. Allen Kuhn, Discover Wellness Clinic in St. Petersburg (both in Florida) have found through informal experimentation that the inhalation of nitrous oxide (laughing gas) on the day a smoker has decided to quit smoking tobacco cigarettes is an aid in removing the cravings for nicotine. According to Dr. Haven, "The nitrous oxide stimulates the pleasure receptors in the brain which leads to the replenishment of dopamine, a pleasure molecule. Although the effects in the brain last for three days, the feeling of being on nitrous stops shortly after the treatment is over and the patient is safe to drive home. This helps with a patient's cravings and withdrawal symptoms in the first 72 hours, which can be crucial."

As part of a comprehensive program Dr. Kuhn tells patients that nitrous oxide is a three day cure for a serious three day problem. The statistics indicate that the longer you can keep a person smoke-free the better the long-term odds will be. If patients remain smoke-free for a week, the chances are five times more likely that they will be so at six months. For those that can abstain for a month, 25% will be smoke-free for a year.

Some patients use the treatment in conjunction with other methods of smoking cessation, such as hypnotherapy, acupuncture, or nicotine replacement therapy (NRT). Other patients just utilize the nitrous oxide, along with willpower. The patients are treated once on the day that they decide to quit with a twenty-minute application of nitrous oxide. If withdrawal symptoms persist, they can be retreated in 48-72 hours with another twenty-minute treatment. This helps patients overcome the physiological withdrawal from nicotine, which is a huge hurdle for smokers trying to quit the habit.

A medical history is taken on each patient before they begin their treatment, and they are given a physical exam. They also receive a lung evaluation with lung age and a carbon monoxide level as additional motivators. Drs. Haven and Kuhn have developed a computer program to evaluate each smoker and determine the best smoking cessation program for that individual. The computer program scores the various components of the patient's smoking habit



and helps define why that unique person smokes: i.e., nicotine addiction, stress, situational circumstances, depression, anxiety, etc. Those patients who score high on the nicotine addiction component are good candidates for nitrous as are those who have failed other treatments.

Overall, Dr. Haven and his associates have found an 85% reduction in the number of cigarettes smoked per day in the three days after the patients took the nitrous oxide. Forty percent of patients were able to completely abstain from smoking during the first three-day period, and 92% said that their craving for tobacco had “noticeably decreased”. Haven reports that many of the patients who quit completely have remained cigarette-free for up to six months after the nitrous oxide treatment. He said that smokers who abstain for the first three days are more likely to quit for the long term than those who resume smoking within that first three day period.

Dr. Kuhn reports that the spontaneous ‘quit rate’ without nitrous is about 2.5% annually. About 70% of persons who smoke want to quit and 40% try to do so annually. The average number of attempts to quit before being successful is around eight tries. Of the people who have heart attacks, 70% go back to smoking, and of those who survive lung cancer surgery, 40% return to smoking. On a positive note, 1.3 million people quit smoking in the US each year. The quit rates reported on nicotine replacement therapy and Zyban vary depending on the study, but an accepted value is about 18% quit rate at six months. More research is needed to discover what the success rate is for the people who have received nitrous oxide for smoking cessation.

Dr. Haven said that nitrous oxide is an extremely safe medication and it has the benefit

of making what can be the worst day in an addict’s life into a somewhat more pleasurable experience. “If there is any therapy that helps a few more smokers quit, physicians should be recommending it to their patients. Smoking is proven to take years off of one’s life. The will to quit has to come from within, but anything that makes that mountain you have to climb a little less steep, is definitely a positive thing.”

Drs. Haven and Kuhn continue to use nitrous oxide as an aide for smoking cessation in their respective practices. They did research together that was controlled but not double-

“...nitrous oxide is an extremely safe medication and it has the benefit of making what can be the worst day in an addict’s life into a somewhat more pleasurable experience.”

blinded or compared to placebo. Initially they tried placebo-controlled research, but found that many of the patients had experience with ‘laughing gas’ from the dentist and could recognize the effects based on that experience. After the first few patients treated responded positively, they decided to treat all patients and then compare to known rates

with other agents and published “cold turkey” rates of success.

Controlled studies would be helpful to evaluate this new treatment. Dr. Haven and Dr. Kuhn both feel that nitrous oxide is a needed addition to the medications already being used to help patients get the freedom that they want and to live longer and healthier lives. Both doctors would be open to conducting more research should the funds become available. Dr. Kuhn explains, “To provide funding for research and treatments that may help patients deal with the number one cause of preventable death in the United States is a worthwhile investment.”

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BLENDING TRADITIONS - USING INDIGENOUS MEDICINAL KNOWLEDGE TO TREAT DRUG ADDICTION¹

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Abstract

"...psychoactive substances may be a treatment for "drug addicts," a fact that still seems paradoxical or impossible even to the specialists in question."

Ancestral medical practices are based on a highly sophisticated practical knowledge and view the controlled induction of non-ordinary states of consciousness as potentially beneficial, even in the treatment of the modern phenomena of drug addiction. These ancestral practices stand in contrast to the clumsiness with which Western peoples induce altered states of consciousness. Drawing from his clinical experience in the High Peruvian Amazonian forest, the author describes the therapeutic benefits of the wise use of medicinal plants, including non-addictive psychoactive preparations, such as the well-known Ayahuasca tea. Within an institutional structure, a therapeutic system combining indigenous practices with contemporary psychotherapy yields highly encouraging results (positive in 2/3 of the patients). This invites us to reconsider conventional approaches to drug addiction and the role of the individual's spiritual journey in recovery.

The Backwards Approach

Moving beyond the strict position that the final objective of drug addiction therapy is complete abstinence, the Western world has responded to its failures and limitations by considering the possibility of merely reducing risks. The notion of substitution, as in methadone therapy for heroin addiction, indicates a certain tolerance towards altered states of consciousness. In this model, which treats these states as "inevitable" in some sense, one would now be satisfied with limiting their negative secondary effects. In the face of a Puritanism resigned to an almost constant failure, this attitude opens new possibilities in treating drug addiction. It now seems thinkable that drug addiction is an attempt, certainly clumsy and sometimes extremely dangerous, of self-medication. Users may be responding to a real need to escape the constricting mud of a dry and devitalized lifestyle, one lacking exciting perspectives or

¹ This MAPS article is a revised version of: "Mabit, Jacques. "L'alternative des savoirs autochtones au 'tout ou rien' thérapeutique". Psychotropes : Revue Internationale des Toxicomanies. Vol. 7, no. 1, 2001. pp. 7-18.

² Takiwasi Center – Prolong. Alarta 466 – Tarapoto – San Martin – Peru – <http://www.unsm.edu.pe/takiwasi>

room to blossom.

Some take this new tolerance of drug use further, for example by proposing to ravers that they learn about the drugs they consume, the risks that they run, and the best way to avoid the negative consequences of their conduct³. In this model, the drug user is considered a thinking and consenting subject, who is invited to take responsibility for his actions. The “repressive machine” that tends to substitute itself for the subject, making his decisions, revoking his responsibility, and, in the end, reinforcing an internal pattern of dependence,

gives way to an approach which appeals to the user’s intelligence. This model accepts the authenticity of the user’s quest, even if it is often unconscious, for a true liberty that can be confused with caprice.

While this attempt at finding meaning by exploring new realms of consciousness can be chaotic and confused outside of a controlled setting, it is reminiscent of more purposeful undertakings among traditional peoples. In fact, one finds the induction of altered states of consciousness for the purposes of initiation and therapy in all traditions. Such experiences, always guided by a ritual frame, often depend upon a fine understanding of the animal and vegetable substances that serve as their catalysts. One may also affirm that, sometimes, the same substances that serve as the “remedy” in indigenous cultures are the “poison” in Western society. Hence the coca leaf, which is well integrated into daily life in the Andean world, becomes a highly addictive cocaine-based paste when taken out of context. Similarly, cannabis, poppy, and tobacco may generate either remedy or poison according to the mode of consumption and the context of ingestion.

³ Research-action-prevention, new drugs, new uses. Ecstasy, LSD and dance-pills, a study of practices of intoxication and risk-taking in raves, multi-centered study of Paris and the PACA Region, experimental practices and risk-prevention, Doctors of the World, Paris, 1997.

...often, the same substances that serve as the “remedy” in indigenous cultures are the “poison” in Western society.

It is noteworthy that biologists observe that all animal species consume natural psychoactive substances with great eagerness when possible (Siegel, Ronald, 1990). In fact, Siegel considers this conduct a fourth instinctual instance of animal biology, as if life tends spontaneously towards a broadening of perceptions and a concomitant amplification of consciousness. It becomes difficult, then, to extract man from this

vast biological movement that embraces all animal life.

Indigenous Knowledge

Our observations in the Peruvian Amazon yield a supplementary fact: not only do the natural psychoactive substances used by indigenous peoples not generate dependence, they are utilized to treat the modern phenomenon of drug addiction. This changes the way we understand toxicity; the Western obsession with “substances” (drugs) is replaced, or at least accompanied by, the concepts of the set (the subject, including genetic predispositions, life history, and preparation) and setting (ritualized or not). Indeed, psychoactive substances may be a treatment for “drug addicts,” a fact that still seems paradoxical or impossible even to the specialists in question. And yet, the facts speak for themselves.

This phenomenon also works for ethnic groups strongly affected by substances such as alcohol, which represents for them, inversely, an imported product removed from its context. Hence, the healers of the Peruvian coast treat their alcoholics through the ritual use of the mescaline cactus with a high rate of success (around 60 per cent, after five years) (Chiappe, Mario, 1976). The Native North Americans reduce the incidence of alcoholism on their reservations considerably and quite rapidly by reviving their ancestral practices, including the ritual use of peyote and tobacco (Hodgson, Maggi, 1997).

The ritualization of induced modifications

of consciousness, with or without substances, establishes a universal symbolic frame within which these experiences acquire significance by allowing the individual to inscribe himself within a model of cultural integration. In indigenous groups, then, such experiences frequently accompany rites of passage, particularly at adolescence, permitting the youth's appropriation of the discourse, images, and myths generated by the community. It is evident that the fundamental lack of cultural consensus in our fragmented post-mod-

ern society, along with the desacralization of the lived interior and exterior, and the disappearance of all authentic rites of passage, leaves us without the means to integrate experiences of altered states of consciousness into our daily lives. In other words, the drug user sets off randomly with neither compass nor map, often finishing badly.

These considerations lead to the following conclusion: not only must we no longer take a position of passive tolerance toward an inevitable consumption of psychoactive substances, but, on the contrary, we must actively explore the coherent therapeutic use of psychoactive substances without the outcome of dependence. Even more broadly, we must be open to every induction of altered states of consciousness through diverse methods (such as music, dance, fasting, isolation, breathwork, physical exercise, pain, etc.) This calls for the application of therapeutic techniques that create both a space of temporary containment and an authentic symbolic frame which, as in the indigenous ritual space, integrates therapists and users. Traditional peoples also teach us that substances consumed in their natural form, used with respect to the body's digestive natural barriers (that is, orally), *do not induce dependence, in*

"...substances consumed in their natural form, used with respect to the body's digestive natural barriers (that is, orally) do not induce dependence, in spite of their powerful psychoactive effects."

spite of their powerful psychoactive effects. The risk of toxicity is also lower because their active principles are similar, if not identical, to the neuromediators naturally secreted by our bodies. In case of overdose (which is generally difficult to produce given the extremely disagreeable flavor of the beverages), these substances are eliminated naturally by vomiting. This self-regulating phenomenon provides for safe prescription and is an integral part of the expected effects of ingestion, as well as those of purgation-detoxification (hence their special

role in the domain of drug addictions). The context of ingestion requires rigorous dietary, postural, and sexual regulations. In the course of successive ingestions, sensitivity increases instead of creating a habit. As a result, the doses gradually decrease: their use in addiction therapy *is not, then, a simple substitution.*

It is remarkable that no visionary natural substance is addictive. Visions seem to be the proof of sufficient cortical integration, of a



A ritual at Takiwasi

metabolization of the symbolic charge revealed during the experience of altered consciousness. Entheogenic substances (also misnamed hallucinogens) are hence among the best of those that may be used in a therapeutic setting. This has already been attempted in psychotherapy (LSD, MDMA, Harmaline, DMT, etc.), but generally without an integrating symbolic framework (or ritual space), without engaging the therapist in the method, with synthetic or semi-synthetic substances or extracts, and through processes of assimilation that violate physiological barriers (i.e., injections).

"These explorations touch cross-cultural psychological depths and, hence, may be applied in extremely broad and varied contexts of human life."

Ayahuasca

This highly psychoactive ancestral beverage is situated at the heart of both the empirical medicinal practices of Amazonian cultures and, recently, of explorations into the therapeutic potential of medicinal plants, in particular in the domain of psychopathology, including drug addiction therapy. The pharmacological sophistication of this preparation reflects the high degree of understanding of the Amazonian peoples, who are proven to have discovered Monoamine Oxidase Inhibitors (MAOIs) at least three thousand years before Westerners. Tryptamines and beta-Carbolines, the major active principles of Ayahuasca, are present in many natural secretions as well as in the central nervous system (pineal gland) (Mabit, Campos, Arce, 1993).

The entheogenic or visionary effects of this beverage have been hastily called "hallucinogenic," stigmatizing a compound which could be a significant topic of research. Its potential

as such risks being dismissed by the academic community due to a stance less indebted to scientific rationality than to society's collective fears. We have argued that the images stimulated by the use of Ayahuasca in a therapeutic context symbolically manifest the content of the unconscious. Moreover, these images are not without an object, whether it be psychological or otherwise, which differentiates them completely from the "illusions without object" that are by definition "hallucinations" (Mabit, 1988). The exploration of the unconscious through Ayahuasca permits the rapid extraction of extremely rich and highly coherent psychological material, which can then be worked through with various psychotherapeutic methods. Visions, like dreams, indicate the beginning of an integration at the superior cortical level.

The effects of Ayahuasca are not merely visual, but embrace the entire perceptual spectrum, as well as the non-rational functions tied to the right brain and to the paleoencephalon or so-called reptilian brain. The patient's clinical experience fosters the development of not only the projective but also the integrative functions of symbolization, enabling the progressive re-adjustment of personality structures. These explorations touch cross-cultural psychological depths and, hence, may be applied in extremely broad and varied contexts of human life.

After the observation for fifteen years of more than eight thousand instances of Ayahuasca ingestion under specific conditions of preparation, prescription, and therapeutic follow-up, we can affirm that the ingestion of these preparations has a wide range of indications, with a total absence of dependence. The expansion of the perceptual spectrum, which simultaneously engages body, sensations, and thoughts, permits the de-focalization of the ordinary perception of reality, thus allowing the subject to confront his habitual problems on his own and from a new angle. The intense acceleration of cognitive processes which accompanies this process may permit the subject to conceive of original solutions that fit his unique personality and situation.

The Takiwasi Center: A Pilot Project

Our ignorance in regard to the controlled induction of altered states of consciousness could greatly benefit from ancestral medical knowledge. The master healers of various traditions are ready to transmit their heritage to those willing to learn and to embark upon a path of initiation. Six years of teaching beside Amazonian healers has led us to develop a therapeutic method using the controlled modification of states of consciousness. Our system is based on ancestral techniques involving medicinal plants and natural methods of detoxification, sensory stimulation, and sensory deprivation. This pilot project attempts to combine ancestral knowledge with contemporary psychotherapeutic practices, working under the guidelines of ethical considerations and the requirements of the Western mentality.

The program, in which no method of coercion is exercised, accepts groups of no more than fifteen voluntary patients. The location is a five acre park bordered by a river, just outside the city of Tarapoto, in the Peruvian High Amazon, in the piedmont of the Andes (Mabit, Giove, Vega, 1996).

The therapy is based on a three-part method which includes the use of the plants, psychotherapy, and community life. The guided experiences of altered consciousness generate psychological material which is subsequently discussed and evaluated in the psychotherapy workshops and then directed towards expression in community life. In reverse, everyday activities supplement the therapeutic sessions (with or without plants).

The initial use of purifying, sedative, and purgative plants reduces withdrawal syndromes, rendering any return to prescription medication during the stay unnecessary. Then, the psychoactive plants intervene, powerfully facilitating the psychotherapy. From the brief sessions to the eight day isolation in the forest with rigorous rules pertaining to food, sex, external contacts and daily activities, each ingestion of psychoactive plants is governed by specific condi-

tions. Each session is also facilitated by a trained therapist, and clearly inscribed into a precise and rigorous symbolic frame, which improves the chance of success for the session and its subsequent integration into the subject's life.

These techniques permit the exploration of buried memories and the re-emergence of censored situations or events. These "revelations" both relieve the addict's conscience and motivate him to face his sickness. A temporary reduction of critical functions and discriminations facilitates the cathartic expression of emotions. These experiences, with the help of psychotherapeutic work, may then correct the defective formation of the subject's emotional expressions and ideals. By plunging under the veils of ordinary consciousness and unblocking the paths of access to the deep Ego, this exploration of the subject's interior universe brings out rich material, in contrast to these patients' often insufficient symbolization. During the subsequent sessions, the subject will learn to translate and to interpret this material in order to explore subsequent dreams on his own. Dream life is stimulated by these practices, also benefiting the patient. One also observes an acceleration of cognitive processes and an amplification of the attention-span and of the depth of mental concentration.

The clearly defined context, supplemented by a carefully regulated lifestyle, invites the resident to implement the knowledge obtained by this work. Hence, the Takiwasi space constitutes a laboratory in which the residents are at once the observers and the subjects of their observation. The medicinal plants play the central psychotherapeutic role, while caretakers offer guidance and security. The users are guided into liminal, or symbolically transitional, experiences in which they visit their interior gods and demons. These experiences simultaneously involve the subject's psychological state, the whole range of emotional sensations, and the spectrum of his psychological perceptions. In these experiences, existential questions may come to light and demand an engaged response. The guided and cathartic process can help the individual to



Patients at Takiwasi

transcend his or her ordinary mindset and access somatic memories. In the best cases, the individual is able to transcend the Ego, which can allow a healthy deflation of the Ego, a reconciliation with human nature, and an acceptance of our modest inscription in time and in matter, which is nevertheless exciting because of its perceived meaning. In other words, this is a process of initiation; it is a semantic experience which carries meaning that can respond to the chaotic and disorderly quest of the drug addict, which may be seen as a path of counter-initiation or as a savage initiation (Mabit, 1993).

This therapeutic method does not, then, simply focus on abstinence, but also offers an adequate alternative. This alternative method, which respects altered states of consciousness, is able to respond to the drug addict's quest by furnishing it with clear ends and with non-dangerous means to reach them. This process supposes an internal structural change which goes beyond the palliative of a simple external behavioral change, which is never totally satisfying and most often ineffective.

The duration of the stay is, in general, nine months, and the follow-up is ideally two years. Takiwasi has received patients of all social and cultural origins. The techniques, which mainly

demand self-exploration through the senses, do not require any analytic verbalization or integration, which represents an enormous therapeutic advantage. One may even say that these experiences of altered consciousness give access to ineffable, inexpressible trans-verbal spaces, which are as much pre-logical or infra-verbal as they are ecstatic or supra-verbal. Here, the local alcoholic peasant meets the European college student dependent on pot, the urban bourgeois who functions on cocaine, the dealer addicted to a cocaine-based paste, or the delinquent pathological liar who smokes crack. To the contrary of what certain theorists say, the exploration of the interior universe by these methods does not require that either the therapist or the subject belong to the native culture of these practices. Rather, these practices give access to

“By plunging under the veils of ordinary consciousness and unblocking the paths of access to the deep Ego, this exploration of the subject's interior universe brings out rich material....”

personal intra-psychical symbols which remain coherent to the subject and which touch depths that could be called transcultural by virtue of reaching universal psychological complexes (love, hate, rejection, abandon, fear, peace, etc.). At the same time, the accompanying psychotherapy allows the patient to better understand the experience of the session, to integrate it, generate new questions, and enrich the following session. We have now mastered these techniques ourselves, and we make use of them with patients from cultures other than our own. They are accessible to any Western therapist willing to fulfill the requirements of their long apprenticeship.

Results

Since its founding in 1992, the Takiwasi Center has received more than 380 patients. One study has just been made (Glove, not yet published) of the first seven years of activity (1992-1998), examining drug addicts or alcoholics having completed at least one month of treatment and with at least two years of time out of the clinic – a sample of 211 courses of treatment (175 first-time patients and 36 returning patients). Note that the results of this study do not include data on the 32% of patients who leave during the first month before the first ayahuasca session, when the treatment is not yet considered to have started. 28% reached the sixth month of treatment, and 23.4% finished the entire treatment.

Two-thirds of the patients consumed mainly a highly addictive and debilitating cocaine-based paste. 80% consumed alcohol alone or in addition to other drugs. More than half of the patients (53.5%) had already tried treatment, one-third of which had tried psychiatric services. For 49%, the gateway drug was alcohol, and for 42%, cannabis. The average age was thirty years and the average duration of consumption of psychoactive substances at the time of entrance was 12.5 years.

At 31.3%, with a tendency to augmentation, the index of retention (percentage of prescribed exits out of total exits) gives proof of the relative acceptance of this therapeutic method. The voluntary exits make up the majority (52%) compared to prescribed exits (23%), runaways (23%), and the rare expulsions (3%).

The evaluation of the results integrates qualitative givens, as well as the incidence of abstinence or relapse due to poor prognostic criteria. One should note that the patients leave free of any post-residential medication. In addition to evaluating the relation to addictive substances, especially those that the subject consumed before, we consider personal evolution (internal structural change), the indications of social and professional reintegration, and the capacity for familial restructuring. According to

these criteria, we may distinguish three categories:

- “good”: favorable development, problems apparently resolved thanks to a true structural change manifested upon several life levels.
- “better”: favorable development with evident structural changes, but vestiges of the original problem still present.
- “same or bad”: relapse of consumption of substances, although often more discrete, no convincing structural change, frequent abandonment of substances for alcohol.

Out of the total, then, 31% were “good” and 23% “better,” while 23% were the “same or bad” and 23% unknown. With hindsight, we can affirm that about 35% of those who have lost contact with the Center are, in the end, “good” or “better” (that’s 8% of the total), which means that about 62% of the patients have, in the end, positively benefited from the follow-up of the model proposed at the Takiwasi Center. When one only takes into account the sample of the patients with “prescribed exit,” (those who have completed the entire program) the positive results are raised to 67%.

When the patients relapse or simply re-offend, 55.5% return to Takiwasi and 26% find other local practitioners of traditional medicine, which demonstrates their high opinion of this approach. When this occurs, purgative plants are more solicited than psychoactive plants. This choice demonstrates the absence of dependence on the psychoactive substances.

This method, officially recognized by the Peruvian authorities, has expanded into a number of programs including educational programs (for students), psychiatric and anthropological research, and outreach (written and audio-visual media, and seminars for personal development).

Conclusion

The mere repression of drug consumption represents a simplistic approach to the problem, with demonstrated ineffectiveness as a therapy. We may well call it illogical and even immoral since it omits the substances that are currently the most deadly (alcohol and tobacco). In addition, the accelerated development of new substances on the market outstrips any repressive attempt at control and relegates the game of penal interdictions to failure. We are hence condemned to approach the problem under another angle, whether we want to or not.

Similarly, if harm reduction and substitution only indicate proof of failure and a last-ditch effort of pure social convenience, they are also, in our view, reprehensible and morally dubitable. This is because they consecrate a tacit rejection of healing, and the officialization, in a manner of speaking, of a population of second class citizens tolerated for lack of a therapeutic alternative.

The high degree of diffusion of the drug phenomenon in the 50's and 60's was born of the contact between a few intellectuals with traditional peoples, and, in particular, of North Americans with Amazonian Indians (Ginsberg, Leary, Alpert, etc., — see Leary, Metzner, Alpert, 1964). These intellectuals believed that they could appropriate ancestral knowledge while only retaining the physical substance, reducing "the approach of the gods" to the consumption of an active principle, playing neurochemists like apprentice sorcerers (see Leary's delirious work, 1979). This oversimplified view of substances and their potential has generated a terrible drama. The phenomenon of substance addiction is characteristic of Westernized societies and continues to be practically unknown in indigenous populations or among peoples free from prolonged Western influence.

By approaching this ancient knowledge with respect and careful study, it seems possible to reinstate an authentic relation with the Mystery of Life by returning to true paths of initiation. By validating the legitimate quest of the drug

user and redirecting it into a structured, meaningful experience, perhaps we may avoid the lax defeatism of the "anything goes" attitude as well as the rigid and useless bellicosity of "everything is forbidden." ■

Bibliography

Chappe, Mario. 1976. The use of hallucinogens in psychiatric folklore. *Boletín de la Oficina Sanitaria Panamericana (Bulletin of the Panamerica Sanitary Office)*, 81 (2): 176-186.

Giove, Rosa. 2002 (to be published). The *liana* of the dead to the rescue of the life. *Contradrogas (Anti-drug) ed.*, Lima 200.

Hodgson, Maggi. 1997. From Alcoholism to a new life: the eagle has landed. In: *Indian communities develop futuristic addictions treatment and health approach*, Institute of Health Promotion, Research and Formation, Alberta, Canada, 139, 11-14.

Leary, T. 1979. *Graine d'Astre*, Cosmos Ed., Canada, 204.

Leary, T., R. Metzner, R. Alpert. 1964. *The Psychedelic Experience*, First Carol Publishing Group Ed.

Mabit J. 1993. Amazon shamanism and drug addiction: initiation and counter-initiation. In: *Revue AGORA, Éthique, Médecine et Société (AGORA Review, Ethics, Medicine, and Society)*, Paris, 27-28, 139-145.

Mabit J., J. Campos, J. Arce. 1993. Considerations surrounding the ayahuasca concoction and therapeutic perspectives. *Revista Peruana de Neuropsiquiatría*, Lima, LV (2), 118-131.

Mabit J., R. Giove, J. Vega. 1996. Takiwasi : The Use of Amazonian Shamanism to Rehabilitate Drug Addicts. In: *Yearbook of cross-cultural medicine and psychotherapy, Zeitschrift für Ethnomedizin (Journal of Ethnomedicine)*, Publishing House for Science and Education, VWB, Berlin, 257-285.

Mabit J-M. unpublished. Ayahuasca hallucinations of the warriors of the Peruvian Amazon, Working Paper 1/1998, French Institute of Andean Studies, Lima, 15 p.

Siegel, Ronald. 1990. *Intoxication*, Pocket Books, New York, 1990, 390 p.

Sueur C., A. Benezech, D. Deniau, B. Lebeau, C. Zizkind. 1999. Hallucinogenic substances and their therapeutic uses – Literature Review, *Revue Documentaire Toxibase (Review of Drug Abuse Literature)*, 66 p.

A BRAZILIAN AYAHUASCA INTENSIVE AT WASIWASKA (HOUSE OF THE VINE) RESEARCH CENTER FOR THE STUDY OF PSYCHOINTEGRATOR PLANTS, VISIONARY ART AND CONSCIOUSNESS

By Margot Williams (plantlady@amigo.net)



Having successfully completed two month-long ayahuasca intensives at Wasiwaska (www.wasiwaska.org), Luis Eduardo Luna's facility in Brazil, I recommend the experience to anyone with a serious interest in this traditional Amazonian medicine. My partner and I had initially experienced Luna's version of the ayahuasca ceremony at the Psychointegrator Plants Seminar in Manaus in July 2000, and attended the first Wasiwaska intensive in October 2001.

The Wasiwaska experience is designed for small groups, and the first group consisted of six people, four of them American, one Canadian, and one Irishman. Our ayahuasca experiences were profound and deeply satisfying. There were sixteen ayahuasca sessions during the first intensive, a schedule that meant taking ayahuasca every other day, with an occasional two-day break that then meant taking the potion several days in succession, something none of us had ever experienced before.

Our accommodations were comfortable, in a facility that defies adequate description. Originally laid out by Tapani Hietalahti, a Finnish shaman/architect, Wasiwaska encourages the brain to shift to the intuitive side. There are no right angles, stairs twist and meander, the floor levels change whimsically in unexpected places. The kitchen and dining area are built around a traditional Finnish "Dragonhearth" that seems to have a life of its own when a fire is present. A porch with large tree-like

stone columns gives a feeling of the forest to a location where outdoor hammocks let participants enjoy the soft tropical night air while still enveloped in the ayahuasca dream.

Located on the outskirts of the small fishing village of Sambaqui on the Island of Florianopolis, Wasiwaska overlooks the bay that lies between the island and the Brazilian mainland. From the house, one hears the sound of waves lapping the beach that is a short walk away, as well as the sounds of the surrounding neighborhood — an occasional chorus of dogs, the motors of the small boats used by fishermen and those who cultivate mussels and oysters, and the cries of birds. During the





day, the air is filled with an enormous variety of colorful butterflies, and dragonflies cruise above the trees in search of mosquitoes.

During the October intensive, we took several excursions that added color and variety to the experience. We took a boat cruise around the island and visited historical sites; we took an overnight trip to a nearby hot springs resort on the mainland; we visited an ecological preserve on Campeche Island where there are petroglyphs dated at 4,000-5,000 years old. Of particular interest to our group was the fact that the petroglyphs depicted geometric patterns very similar to those one often sees on ayahuasca. Lectures by anthropologists at the University of Florianopolis (which has a particularly strong Department of Anthropology) enriched our experience as well.

Of course, the real reason one comes to Wasiwaska is for the ayahuasca. My partner and I had come in search of healing, and to learn more about this ancient plant medicine. Luna has filled the house with ayahuasca-related art, and has an outstanding collection of written material as well. When one is not immersed in the ayahuasca experience (or recovering from it) there is ample time for reading and discussion.

The Wasiwaska protocol includes adherence to a special diet, as well as sexual abstinence. The dietary prohibitions are salt, sugar, alcohol, and strongly flavored seasonings. During both of our visits, excellent kitchen staff at the facility made adherence to the diet a very delicious experience. They served a wonderful variety of fruits and vegetables. Fish, very fresh local seafood, and chicken were the protein sources. Coffee was not prohibited,

which may have been one reason it was so easy to maintain a schedule that included much less sleep than one would normally get.

On the nights we would partake of ayahuasca, meals would end with a light lunch, served about two p.m. in the Brazilian tradition. We would typically drink ayahuasca about eight or nine p.m. The journey would then last until perhaps four or five a.m., with participants retiring to their rooms as the effects diminished. One normally comes out of an ayahuasca session feeling light and empty, and also very hungry. As a result, the kitchen staff was instructed to prepare a large pot of soup on ayahuasca nights, something that was very much appreciated by all members of the group. As one rarely sleeps immediately after a session, waiting for breakfast was sometimes difficult until the soup was made a regular part of the ritual.

Luna's ayahuasca ritual is uniquely his own, and allows each participant a great deal of freedom in the journey. Prior experience with the potion is a prerequisite for the intensives, ensuring that no one in the group is surprised or alarmed by the effects of the brew. As the ritual begins, Luna brings out a beautifully crafted woolen rope that symbolizes the ceremonial circle. As it is passed to each participant, their

intent for the session is stated and a knot is tied in the rope. Luna asks each participant how much ayahuasca they wish to take in the session. It is always possible to ask for a “booster” later in the session if one wishes. When all have done this, Luna ties the ends of the rope together. The next day, in the “sharing” part of the ritual, each participant describes his experience and unties one knot. The “sharings” are recorded, for archival purposes.

After the brew has been poured, each participant holds his or her portion. (Earlier, everyone has prepared a mat for the journey, bringing a pillow, blanket, or whatever else is needed. Containers are issued for possible purging.) There is a moment of silence, for each participant to review her intent, then “Salud!” and the ayahuasca is drunk. Then, participants may go outside or sit quietly on their chosen mats until the music begins. Typically, Luna will sing a few songs that he learned when he was undergoing his ayahuasca apprenticeship, then he chooses from among his large collection of CDs to guide the journey. Each journey is different, with Luna choosing the music as he is inspired by the collective energy of the group. At any time, if anyone is having particular difficulty that requires intervention, Luna is available for assistance. He does not claim to be a shaman, but says “I know a few tricks.” In the ayahuasca sessions I have experienced with Luna, no one has had a difficulty that he was unable to mitigate.

Luna’s potion is quite strong; after much experimentation, I arrived at an effective dose that was about half of what I was taking earlier in the program. His protocol, with the individual selecting the dose, is effective for those who are sensitive, while also serving the needs of “hardheads.” Every effort has been made to deal with the necessities of the brew — bathroom facilities are ample; people who wish to be outdoors during the experience find comfortable accommodation in hammocks close enough to the ritual area to have access to the music. The music itself is highly varied — everything from ambient jungle noises to classical finds its way to the CD player at some time during the inten-

sive. Everyone leaves either having purchased new music (CDs are relatively inexpensive in Brazil, due to favorable exchange rates) or with lists of music to purchase once home. In my own experience, I was exposed to types of music that I would have found difficult in the past, but for which I now have an appreciation.

Why do people come to Wasiwaska to drink a mysterious potion (which some find less than appetizing) many times in close succession? Many come for healing; others come to gain clarity on personal issues with which they are having difficulty. Some come to enhance creativity, others simply to explore previously uncharted territory.

Luna also encourages the participation of serious researchers, and the April 2002 intensive included a participant who brought a research project. Physicians, psychiatrists, and psychologists are attracted to the program to deepen their healing practices, and occasionally, in search of their own healing. And judging from Wasiwaska’s guest book, all leave having found what they were seeking. Wasiwaska is ayahuasca without shamans, without dogma, without a “guided tour” of transpersonal space. It is an experience that lets the individual set the goal and navigate his or her way toward that goal, in a totally supported and gentle and healing environment. ■



The view from Wasiwaska on the island of Florianopolis, across the water to the mainland of Brazil

AYAHUASCA TOURISM: A CAUTIONARY TALE

R. Stuart (*pacayacity@aol.com*)

"Ayahuasca tourists are often bewildered by the fact that almost every shaman claims to be the only person in all of Amazonia who knows how to properly brew the magic potion."

Westerners discontent with their Judeo-Christian heritage have long sought alternative spiritual traditions. In the 1950s, the Beats dabbled in Zen. In the 1960s, the hippies flocked to Hindu swamis. In the 1970s, the Reverend Moon and other cult leaders swayed large followings. In the 1980s, the New Agers embraced Tibetan lamas. In the 1990s, shamanism came into vogue. Perhaps within a few years, the avant-garde of the United States will undergo a mass conversion to Islam in order to assimilate this estranged manifestation of the Other. But at the present time, many North Americans and Europeans are still seeking enlightenment through exploring shamanism, some traveling to South America to find the wisdom, and the brews, of other traditions.

Ayahuasca tourists are often bewildered by the fact that almost every shaman claims to be the only person in all of Amazonia who knows how to properly brew the magic potion. So the question foremost in many peoples' minds is, "How do I find a good ayahuasquero?"

In November 2001, I observed ayahuasca tourism while visiting Ucayali, Peru as part of a cactus identification research project supported by a grant from Bob Wallace to MAPS (an article about this project will appear in the next issue of *Entheogen Review*). In Peru, the drug war is in full force. Television shows portray marijuana as a killer weed — although hemp leaf patches adorn the clothing of many adolescents. Cocaine traffickers regularly close off the only road connecting Lima to several outlying provinces for weeks — no doubt abetted by corrupt politicians and military officials. In contrast to US drug policy, however, Peruvians regard ayahuasca as an herbal tonic rather than an illegal drug. Although a few years ago the American ayahuasquero Alan Shoemaker was imprisoned in Peru for distributing ayahuasca, this appears to be an isolated incident.

A Religion and an Industry

Ayahuasca is popular among the indigenous people and among many mestizos. Pentecostal, Adventist, and (to a lesser extent) Catholic missionaries have gained many converts in the indigenous communities. While these Christians publicly disavow shamanism, I met some who still privately consume ayahuasca and continued other native religious practices.

Overall, ayahuasca is a valued part of Peruvian spiritual and economic life. The government tourist agencies sponsor ayahuasca festivals, the brew and the raw materials for its manufacture are openly sold in markets, and even Peru's current president Alejandro Toledo participated in an ayahuasca ceremony.

Ayahuasca tourism is popular elsewhere in South America as well. Some tourists visit Brazilian ayahuasca churches such as the Santo Daime. Others go on the more expensive American-led retreats. While the four-star ayahuasca resorts may feel overly contrived, any tour led by Peter Gorman is almost certainly going to be interesting.

For the past decade, many ayahuasca tourists in Peru have flocked to Iquitos. Another popular location, although it lacks a hotel, is the Shipibo town of San Francisco, which can be reached by a taxi ride from Yarina. In fact, the enormous sign at the entrance of San Francisco proclaims that the town is the "Centro Ceremonial del Ayahuasca." There are at least a couple of ayahuasqueros in almost every Shipibo family. Many of these practitioners are willing to host services both for other Peruvians and also for foreign visitors.

A Medical Caution

Most shamans are unfamiliar with Western pharmaceuticals, so it is the tourist's responsibility to be aware that ayahuasca can have adverse interactions with various prescription medicines, particularly some medications used to treat AIDS, depression and psychiatric disorders. For instance, one AIDS patient died during a ceremony in Bolivia, although he was sufficiently healthy to dance at the beginning of the service.

About The Ceremony

Unless a tourist spent a long while getting to know a practitioner, the character of a com-

mercialized ayahuasca ceremony would probably be shallower than a ritual conducted solely for the benefit of the shaman's relatives and community. In a commercialized ceremony, one could observe the ritual procedures and enjoy listening to the chanting of icaros. Probably the dose of ayahuasca would be mild, as the shaman would usually rather err on the side of caution, preferring to give too little rather than too much. Given the linguistic barriers and cultural misunderstandings that are likely to confound communication even in the ordinary state of consciousness, it is only prudent for the shaman to take reasonable precautions to prevent problems with foreigners.

The Ayahuasqueros

I had the opportunity to spend time getting to know several ayahuasqueros who perform ceremonies for tourists. "B" is an elderly shaman in Yarina, a town near the city of Pucallpa. I lived in the ceremonial hut in his back yard for a week, observing the nightly ayahuasca ceremonies that attract up to a couple dozen visitors. I became familiar with B's leadership style because his son, the director of the family religious practice, was giving workshops in the United States. I discovered that B is a frequent liar, a shoplifter, and that he soon asks

"Unless a tourist spent a long while getting to know a practitioner, the character of a commercialized ayahuasca ceremony would probably be shallower than a ritual conducted solely for the benefit of the shaman's relatives and community."

for money or gifts at every opportunity.

Two other ayahuasqueros were visiting B's group for a two-week training. One was a sweet and wonderful guy, but his partner always hustled me for spare change.

I also met B's nephew, an enterprising shaman who earns a couple hundred dollars per month catering to tourists while his neighbors can not even afford a thirty cent taxi ride. He charges thirty dollars to give ayahuasca to a tourist, while the going rate for a Peruvian is about two dollars.

I met several other ayahuasqueros during my travels, some of whom seemed to be fair, and some who did not. In the town of San Francisco, I met "E," who was widely regarded as an honorable man. At night I heard icaros being sung in the darkness of his home while he held private services for his family. I believe he charged about ten dollars to give ayahuasca to a tourist. I also met and learned the life history of "A," whose invitations for rituals I declined after he swindled me on the price of a tobacco pipe.

I share these stories to point out that it is a tricky endeavor to travel to a third world country and ask a total stranger for a spiritual experience.

"This do-it-yourself approach could potentially be far more enlightening than what one might experience after traveling all the way to South America."

While many shamans undoubtedly come to their profession to help others, be aware that ayahuasca tourism is a thriving business in Peru, and that you will likely be treated as just that – a tourist.

Of course, my personal observations and encounters will be different than those of any other person travelling to Peru. But I would advise prospective tourists to weigh their own motivations to determine if it is worth making a long trip to another continent. If one is interested in learning about many different aspects of another society, and is willing to navigate Peru's unpolished infrastructure, then it might be interesting to also try ayahuasca while on vacation.

If one were specifically interested only in experiencing ayahuasca, it would be more cost-effective to home-brew a batch with ingredients ordered from an ethnobotanical supplier. With the help of an experienced friend as a sitter, one could have an intense entheogenic experience in the safety and comfort of home or in an isolated natural setting. This do-it-yourself approach could potentially be far more enlightening than what one might experience after traveling all the way to South America. ■



Pablo Amaringo
The Three Powers
Detail

RATIONAL ECSTASY?: CONDITIONS OF POSSIBILITY OF ENTHEOGENIC PRACTICE IN THE MODERN US

Sarah Hussin (sarahhussin@hotmail.com)



I received a one thousand dollar grant from MAPS to support research for my undergraduate thesis relating to entheogens. This funding provided me with the opportunity to visit several groups in Holland who use ayahuasca legally in a religious context. I graduated from New College of Florida in May 2002, and my thesis is available through the MAPS website.

In Search of Ayahuasca in the Netherlands

I began my research in Den Haag in January, hosted by Hans Bogers of the Den Haag branch of the Santo Daime church. We met at his house and then proceeded to the location where that night's 'work' was being held.

Having navigated our way through several alleys feeding into a larger road in downtown Den Haag, we came upon a gate guarding the door to an old cathedral. Once the home of Catholic nuns, it had now become a multi-purpose building, hosting a variety of activities including children's day care, yoga sessions, and Santo Daime 'works'. Having stepped over the brightly colored toys littering the stoop, we passed into the inner room. Inside the cool stone walls, the quiet chatter of the participants changing into their uniforms stood in contrast to the hours of hymns and dancing accompanied by guitars and maracas that followed, all centered upon the Daime sacrament. Though the hymns spoke of familiar Catholic figures, the 'work', in which the participation of all is essential at every moment, contrasted sharply with the often less-than-engaging Catholic masses of my childhood. This contrast must have been prevalent for members of the church, as many came from Catholic backgrounds. To discover a religion whose only doctrine is contained in these simple hymns, whose members dance back and forth, creating a spiral up to heaven with their movements must have been truly revolutionary. That the Santo

"...funding provided me with the opportunity to visit several groups in Holland who use ayahuasca legally in a religious context."

“My project addressed this problem of mediation and integration by examining the religious use of LSD in the 1960s, the entheogenic use of the Jívaro of Ecuador, and the religious ecstasy of Pentecostalism.”

Daime hold ‘works’, as opposed to masses or services, reflects this environment in which all actively - and often quite strenuously- participate, forging a collective connection with the divine through every note sung, every step danced.

While the Christian must accept the transubstantiation of the communion wafer on faith, the direct religious experience of these entheogenic users carries its own conviction, directly accessible to all who partake. The Santo Daime and other modern religious revivals - including Pentecostalism and eastern mystical movements- share Aldous Huxley’s goal of providing individuals with the types of experiences that they could previously only read about in the mystic literature. Such mystical experiences of belonging forge active, participatory, experiential forms of religious existence that issue a powerful protest against modern alienation.

This embrace of direct experience in the face of alienation necessarily engenders conflict with those in power: ecstatic religious experience often runs counter to modern rational existence. This conflict certainly has a long and often disturbing history; the periodic DEA raids on Santo Daime ‘works’ are part of a much longer, more deeply ingrained struggle, going back to the devastating encounters between Spanish *conquistadores* and the indigenous peoples whose lands they invaded. The Spaniards deemed mushrooms “demonic holy communicants,”¹ and sys-

tematically repressed native religious use.

Mediation and Integration

We can see this conflict between modern rationality and ecstatic religious experience being played out ideologically and politically. Conflict within the political realm is much more prominent for those groups who use entheogens to achieve ecstatic religious states.

While political repression is perhaps the primary barrier to entheogenic use, it is certainly not the only one. Individuals exist within and are formed by modern society, so this struggle takes place not merely between religious participants and the government that opposes them. Indeed, this is a struggle being played out within small groups and individuals; we are simultaneously formed by modern rationality and seek to react against it, so we engage in this conflict with ourselves. More explicitly, we exist within this society which is, in some ways, at odds with these experiences, and must find ways to mediate between entheogenic experiences and life within the modern US; here, we are referring to the problem of integration.

My project addressed this problem of mediation and integration by examining the religious use of LSD in the 1960s, the entheogenic use of the Jívaro of Ecuador, and the religious ecstasy of Pentecostalism. I discussed some factors in the dissipation of the religious movement centered upon LSD and then attempted to illuminate them through discussions of the Jívaro and Pentecostalism. The Jívaro are useful to examine as a society into which entheogenic use is firmly integrated. They are successful in mediating between daily life and the entheogenic experience by forging connections between the two realms that embrace virtually all aspects of existence, from the most sacred to the most mundane. “One can hardly name any aspect of living or dying, wakefulness or sleep, where caapi hallucinations do not play a vital, nay, overwhelming role.”²

“While entheogenic use in the 1960s often exacerbated modern alienation, it is clear that this need not be the case....”

Like LSD users, Pentecostals were part of a group who embraced ecstatic religious experience marked by altered states of consciousness in the 20th Century US. Despite their initial conflicts with established power complexes, they ended up growing and thriving. I examined the means by which they were successful and the ways in which they mediated between both ecstatic experience and daily life, and between the religious group and society at large.

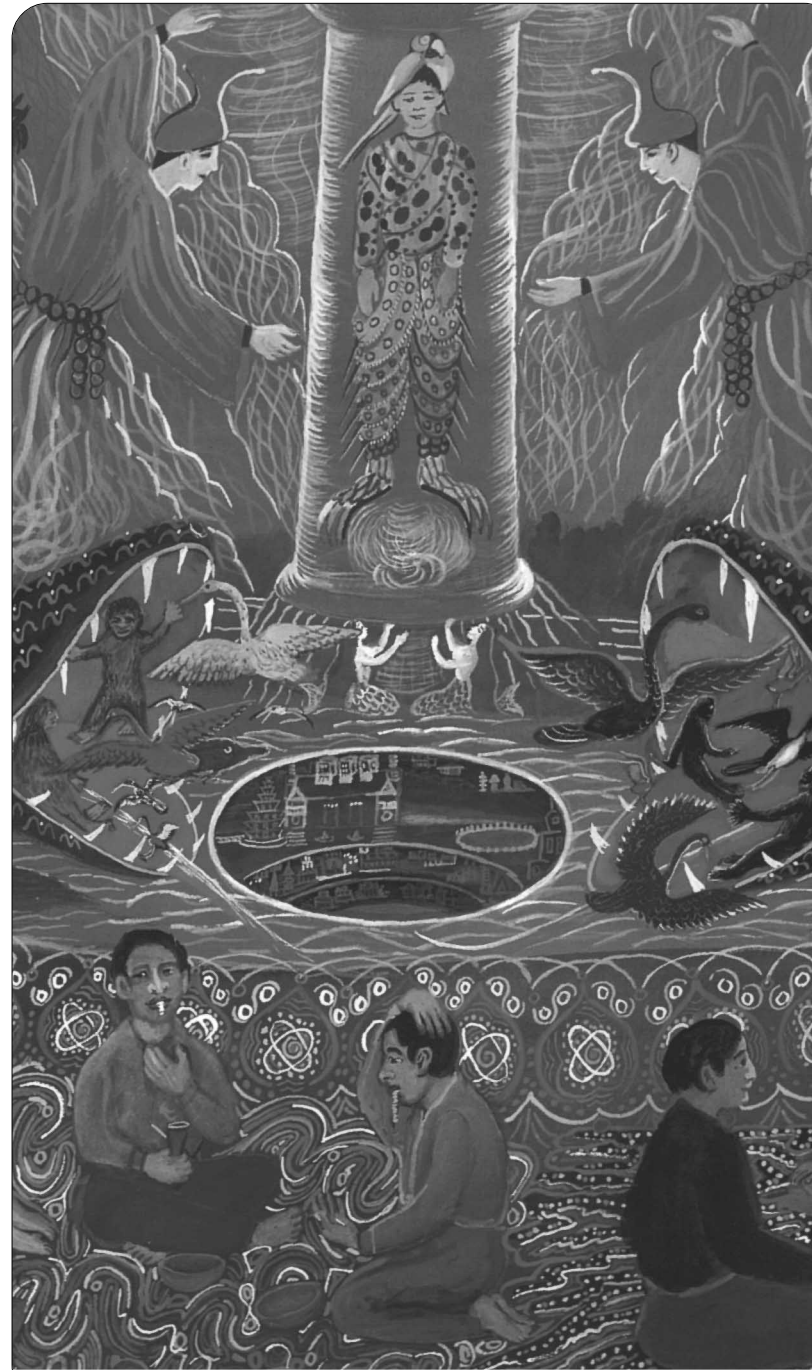
These three groups provide an opportunity to examine systems capable of bridging the chasms between the self and the religious group, the group and the world, inner experience and outer existence. While entheogenic use in the 1960s often exacerbated modern alienation, it is clear that this need not be the case and, through appropriate ritual, such use can provide an opportunity to integrate oneself into the social world, to achieve a more holistic and unified existence. This is precisely what Santo Daime members throughout the world seek to achieve. With this in mind, I analyzed some conditions - including practice and belief - that made such integration possible for these groups in the past, with an eye towards the contemporary religious use of entheogens. In the US this contemporary use is not limited to highly organized Christian groups such as the Santo Daime. The form that religious use takes depends upon the group involved; indeed, some have compared the ritual involved in raves to Native American peyote ceremonies, reflecting the myriad formal possibilities for contemporary entheogenic religious practice. The conditions that I analyzed allow for such diversity. I hope that by taking such conditions into account, contemporary entheogenic practitioners of all types will continue to forge socially integrative, personally fulfilling religious existences, guided by Huxley's utopian vision of an experience that would “abol-

ish our solitude as individuals, attune us with our fellows in a glowing exaltation of affection and make life in all its aspects seem not only worth living, but divinely beautiful and significant.”³ ■

1 Cited in John Marks, *The Manchurian Candidate*, Inner Traditions, 1991, p. 113.

2 Schultes, RE, *Vine of the Soul: Medicine Men, Their Plants and Rituals in the Colombian Amazon*, Synergetic Press, 1992.

3 Horowitz, M, Palmer, C (Eds), *Moksha: Aldous Huxley's Classic Writings on Psychedelics and the Visionary Experience*, 1999, p. 9.



Pablo Amaringo
The Sublimity of the Sumiruna
Detail

PSYCHEDELIC DATA ENTRY: BUILDING THE FUTURE BY PRESERVING THE PAST

By Brandy Doyle (brandy@maps.org)



Touching history is one of the most exciting things you can do. Entering thousands of entries into a database is not. Nor are removing tape, sorting papers, or digging through musty filing cabinets. However, this seemingly uninspiring work gave me the chance to touch both the past and future of psychedelic research, as I helped in two projects to organize old data for new use.

LSD and psilocybin bibliography

Since November 2001, I have been helping Earth & Fire Erowid (who run the large and thorough drug information site, www.erowid.org) to digitize the Albert Hofmann Foundation Collection, creating an online searchable database of peer-reviewed, published scientific literature on LSD and psilocybin. Originally compiled by the staff of the Sandoz Pharmaceutical Corporation during Albert Hofmann's residence there, this collection of about four thousand documents represents nearly every research paper on LSD or psilocybin published worldwide between the mid-1940s and the mid-1970s. Medline, the National Institutes of Health database of medical literature, only goes back to about 1966, omitting the majority of the psychedelic research papers. And while Medline contains bibliographic entries, most with abstracts but only a few with links to the entire paper, our database will include bibliographic entries with abstracts and with links to each paper.

Albert Hofmann donated the papers to the Albert Hofmann Foundation, which lent them to Erowid for the digitizing project. MAPS is sponsoring

"Originally compiled by the staff of the Sandoz Pharmaceutical Corporation during Albert Hofmann's residence there, this collection of about four thousand documents represents nearly every research paper on LSD or psilocybin published worldwide between the mid-1940s and the mid-1970s."

this effort and, in addition to the donation of my labor and the purchase of document storage materials, has spent about \$7200 thus far to create searchable PDF files of the papers. Over the winter of 2001/2002 I helped Erowid to verify entries and enter miss-

ing data into a computer index of the articles, and in March 2002 I visited the San Francisco Bay area to help Erowid prepare the actual documents for scanning. The collection is composed of about 20 boxes, each containing books of papers, many of which are yellowed and brittle with age. We carefully removed the papers from the books and sorted them, hand-scanning those that were too delicate to risk a trip to the scanning company. Earth and Fire have now returned the papers to books, which will be sent back to Albert Hofmann in Switzerland.

The database will allow students, researchers, and other interested folks to perform keyword searches to find relevant articles, and then download or print the papers. It will be available on the websites for MAPS (www.maps.org), Erowid (www.erowid.org), and the Albert Hofmann Foundation (www.hofmann.org). In this way, the world's early scientific literature on LSD and psilocybin will not be lost in dusty libraries but made accessible in perpetuity to anyone with curiosity and a computer.

LSD-assisted psychotherapy patient files

In October and November 2001, I helped Richard Yensen, Ph.D. and Donna Dryer MD, who direct the Orenda Institute, organize data from past LSD therapy studies conducted at the Maryland Psychiatric Research Center, under the direction of Albert Kurland, MD. Yensen and Dryer submitted a protocol to FDA in July 2001 for LSD-assisted psychotherapy with terminal cancer patients, which FDA placed on Clinical Hold in August 2001. In addition to requesting several changes in protocol design, FDA asked for more background information, particularly safety data, from earlier LSD psychotherapy studies with cancer patients. Working with Yensen and Dryer,

I reviewed the files of cancer patients treated with LSD in the 1960s and early 1970s by the pioneer psychedelic researcher, Walter Pahnke, MD. I created case report forms with which to record data, and completed forms for the 25 cancer patient files still available after thirty years. I compiled information about each patient's LSD session, including dosage, concomitant medications,

and any adverse events. Another volunteer, Jennifer Landis, has completed forms for about 300 other patient files, primarily from counselor

training sessions and studies with alcoholic or neurotic patients.

Handling the actual raw data from these patients' files was a powerful and convincing experience. I was able to read first-person accounts of LSD sessions written by men and women from all walks of life – factory workers and executives, housewives and lawyers, young and old people. These were fascinating, and often described cathartic and transformative experiences. Examining the medical records, I noted how patients often voluntarily reduced their dosage of pain medications in the days following the session. I also read letters from patients' families thanking Dr. Pahnke and the other researchers; many of these reported that after the LSD session, their loved ones had been able to finally accept impending death and focus on enjoying their last days.

In both projects, we hope that our efforts to archive history will aid future researchers and students, so that the knowledge of the past will be preserved, and the potential of these substances to help people can be further explored and applied. ■

“Handling the actual raw data from these patients' files was a powerful and convincing experience.”

TWO IN TUCSON

Reports on the "Toward a Science of Consciousness" conference (April 8-12, sponsored by the Center for Consciousness Studies, University of Arizona) and "The Dark Side of Consciousness" conference (April 10-14, the annual conference of the Society for the Anthropology of Consciousness)

Jon Frederick, Ph.D (smiile@psynet.net), Alex Gamma (gamma@bli.unizh.ch), and Jon Hanna (JonRHanna@prodigy.net)

"...psychedelic drugs act as psychophysiological "stains," enhancing the conscious resolution and contrast of subconscious psychological and physiological processes."

Frederick: After about nine years working on the physical and technical side of neuroscience, a departure from my work as an undergraduate philosophy major, the Tucson conference was an inspiring reminder of why I became a scientist. The "hard problem" of biopsychology— how and why subjectively felt qualities are so remotely different from the physical, chemical, and anatomical properties of the brain—is what originally convinced me that I needed to understand both sides of the "bridge equations" I was trying to find. Staffing a MAPS information table, I answered questions about my own research interests that forced me to focus and re-examine my psychedelic-inspired research proposals that I haven't looked at in many years.

I think that psychedelic drugs act as psychophysiological "stains," enhancing the conscious resolution and contrast of subconscious psychological and physiological processes, just like histochemical stains allow light microscopists to differentiate subcellular organelles from the background in a tissue slice. It is commonly believed that psychedelics can bring out subconscious content of the Freudian or Jungian variety. I also happen to believe that much of the "noisy" or uninterpretable hallucinatory content results from a sensory cross-over or "synesthesia" from subconscious sensory modalities, such as those detecting changes in the internal organs. I believe that psychedelics like psilocybin, in relatively low doses, could help biofeedback therapists to train patients to more quickly learn physiological self-regulation skills, by allowing them to more readily differentiate the internal source of the subconscious signal that the biofeedback equipment is displaying.

Several presentations at the "Toward a Science of Consciousness" conference suggested to me that the time is ripe for reintroducing psychedelic drug effects as a variable in experiments studying consciousness. On the first day, a number of speakers talked about the implications of "sensory substitution" experiments. A promising new breed of "sensory prosthetics" are being engineered and marketed that allow, for instance, blind people to "see" the visual world using an auditory or tactile interface. Peter Meijer of

Philips Research Laboratories presented the VOICE interface, which represents the height of an object with pitch, and its position from left to right as a time delay over a 1-second scan (visit www.seeingwithsound.com for examples). The resolution is about 60 x 60 pixels, black-and-white. Interestingly, after sufficient training, blind subjects report experiencing images in space rather than sound, and can also listen to conversations or music without confusion. The phenomenon of sensory substitution lead some philosophers at the conference to suggest that at a fundamental level, the content of perceptual consciousness should be conceptualized not in terms of the sensory organ involved, but rather in terms of the behavioral goal, and the feedback received in pursuit of that goal. One of the problems with this research is that a considerable amount of training is required to learn the new cross-modal skill.

Could psychedelics be used to enhance the rate and extent of learning to represent tactile or auditory signals visually? The phenomenon of synesthesia, “hearing colors” or “seeing sounds,” is often reported by subjects during psychedelic drug experiments. We should also take seriously the developmental differentiating effects of psychedelics—that is, their ability to induce a psychological state in which people report seeing their particular developmental path as one reality among many potential realities. While this property of psychedelics is better understood for expanding one’s consciousness into alternative emotional and philosophical realities, it is an open empirical question whether psychedelics could help to expand the consciousness of one sensory modality into

the practical skills of another.

The functional anatomy of rewiring the auditory cortex to perform visual tasks was described in a presentation by Mriganka Sur of MIT. During development, growing axons from the visual system are usually blocked from forming synapses with the auditory areas of the thalamus by a protein called Ephrin A. If the growth of axons from the auditory system to the brain is blocked in young mammals, Ephrin A is no longer produced and synapses are formed between the auditory thalamus and axons from the

visual track. Interestingly, the areas of the auditory cortex to which the auditory thalamus projects then develop columns of cells that selectively respond to visual stimuli. Visual space becomes mapped in the auditory cortex in a manner similar to what is normally seen in the primary visual con-

"Several presentations at the 'Toward a Science of Consciousness' conference suggested to me that the time is ripe for reintroducing psychedelic drug effects as a variable in experiments studying consciousness."

text. A similar re-mapping of the sensory cortex occurs when a person loses a limb. The cortical region that previously responded to sensory input from the limb becomes sensitive to tactile input from the face, resulting in “phantom” sensations from the missing limb. This is not unlike the general hallucinatory phenomena that happen during sensory deprivation, such as that which can occur in flotation tanks. Deprived of the normal sensory “signal,” the cortex tunes into and imposes order on the background “noise,” which—in this case—is the activity of the adjacent cortex that is processing tactile input from the face. However, the phantom limb cortex maintains “top down” processing, experiencing sensations from the face in terms of its previous experience with the limb. Gradually, the perceptual experience of the limb shrinks as the

cortex is reprogrammed to the new patterns of input and output. Like the blind patient who needs to attend to the spatial information rather than the sound in Peter Meijer's VOICE interface, the phantom limb patient also needs to suspend the top-down processing of one sensory modality to allow it to "re-imprint" the sensorimotor contingencies of another.

It is not very controversial to say that psychedelic drugs cause abnormal sensory associations to occur. When sensory substitution is an essential therapeutic goal (*i.e.*, as opposed to a very bad idea when operating a motor vehicle), this suggests the hypothesis that psychedelics could help facilitate the cross-modal sensory "permeability" that is needed. Possibly, lower doses may provide this effect during regular training procedures, without excessive distraction to the patient.

Hanna: William S. Burroughs said that "language is a virus." Taking this idea a step further, the English psychologist and writer Susan Blackmore, who presented at the "Toward a Science of Consciousness" conference, might feel that "culture—or perhaps even consciousness itself—is a parasite." Or at least they are symbioses, which hook into our meat puppets and make us dance. A proponent of the "meme" theory (see **Gamma** below), Blackmore's name was excitedly mentioned to me by virtually everyone I met the night before the conference. After checking out her talk on "the contents of consciousness," I could see what the buzz was about. Following the "Toward a Science of Consciousness" shindig, at the Society for the Anthropology of Consciousness' annual conference, I mentioned Blackmore's name and meme theory to a friend that hadn't heard of her. Within mere minutes of the end of that conversation, Stanley Krippner joined us and out of the blue asked my friend, "Have you heard of Susan Blackmore?" In the manner in which memes spread from mouth to ear, Blackmore has hitched *herself* to a powerful concept.

Gamma: Susan Blackmore, author of *The Meme Machine* (Oxford University Press, 1999), headed a workshop on memetics. Memetics is the study of "memes." So what is a meme? Literally, a meme is "that which is copied," or "that which is imitated." If I tell you that Rick Doblin's grandmother saw a UFO land in her backyard, and you tell this to your friends, and they tell it to their friends and so on, what we're spreading is a meme. Other examples of memes are the story of the old lady who put her poodle in the microwave (with devastating consequences), a haircut that becomes popular, a fake computer virus warning that spreads, or the religious belief in life after death (or any other religious idea). It doesn't matter whether memes are in any sense true or not; it is only important that they spread.

While all this may seem like nothing much, the theory of memes gains scientific credibility by obeying the rules of Darwinian evolutionary systems. The home territories of Darwinian evolution are genes and organisms. Different organisms will have differential reproductive success according to how well they are adapted to their current environment: the better adapted an organism is, the more offspring it will have, and the more its genes will spread in the gene pool of the species. The same process is at work in memetics: different memes reproduce or spread with differential success, depending on how well they survive in their natural environment. In this case, the natural environment is of course human minds—or, in some cases, computers' operating systems (preferably "Windows"). As in living organisms, where genes can mix up and recombine with other genes, memes in the human mind can mix up and recombine with other memes. We can see that the basic ingredients of Darwinian evolution are present in memetic systems just as they are present in genetic systems.

What is memetics supposed to explain? According to Blackmore, the evolution of memes shaped or even created the human mind, including our language ability. Regarding con-

consciousness, Blackmore proposes that memes may distort consciousness, and by clearing our minds of them—by meditation, for example—we might see more clearly what consciousness is. The famous American philosopher Daniel Dennett, however, thinks that our memes *are* our consciousness.

Despite its apparently sound scientific foundation, memetics is not taken seriously by many scientists. What may be the reasons? One possible reason became clear to me during Blackmore's workshop. The theory as she presented it spoke exclusively about how memes shape human minds, seize control of them, and use them to spread more copies of themselves. Like the "selfish genes" of Richard Dawkins (who popularized the idea of memes), memes are supposed to be selfish too—using human minds for their own purposes. Hence, human minds seem to be reduced to mere breeding sites or copying machines for memes. This view is deeply dissatisfying, as it leaves out the active role of the mind in forming beliefs and judgements, shaping our opinions, and making decisions. Moreover, it appears to threaten our dearly-held beliefs about free will, rationality, and being the subjects of our own actions. Some think that if one embraces such a view, the only consequence can be fatalism: the helpless acceptance of one's life being controlled by alien forces. Blackmore doesn't agree with this pessimistic conclusion. Nevertheless, Blackmore's exposition of the subject left crucial questions about the active role of the human mind in creating and manipulating memes unanswered, in the same way that popular views of genetics tend to ignore the importance of non-genetic influences on human mind and behavior.

Hanna: Other noteworthy plenary sessions included the discussion of "Machine Consciousness" with Ray Kurzweil and Rodney Brooks—which exposed the current state of artificial intelligence and robotics and postulated about future directions, and V.S. Ramachandran's dis-

cussion of "Art & the Brain"—which presented a number of fascinating neurological correlations between aesthetics and synesthetic perceptions. My own presentation at "Toward a Science of Consciousness" was to be a slide show of psychedelic art during the concurrent session on "altered states of consciousness." (Susan "there she is again" Blackmore was the discussant of this session.) Unfortunately, the conference producers failed to provide the slide projector that they had promised, leaving me high and dry. (Charles Tart, who also presented during this session, had to go on sans overhead projector as well). This left me with a fair amount of time to plug MAPS to the 130 folks or so in the audience. It was encouraging to see that nearly 25% of those in attendance at "Toward a Science of Consciousness" showed up for this session, which was the most well-attended concurrent session at the conference. Although people interested in psychedelics are clearly a subgroup of those interested in consciousness studies, I feel that anyone interested in psychedelics would have gained a lot from attending the "Toward a Science of Consciousness" conference.

As well, the Society for the Anthropology of Consciousness conference on the topic of "The Dark Side of Consciousness," featured a great panel discussion on *Datura*, numerous presentations on aspects of shamanism, a slide show of sacred sites across the world, drum circle workshops, a discussion of the relevance of a Huichol Indian artist's use of color, and ideas about dream theory, the origins of religion, techno culture, alternative medicine, multidimensional mind models, and much more. We heartily encourage more MAPS members to attend future conferences produced by "Toward a Science of Consciousness" (<http://www.consciousness.arizona.edu>) and the Society for the Anthropology of Consciousness (<http://sunny.moorparkcollege.edu/~jbaker/sac/home.html>). ■

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*Deceased

By Myron Stolaroff, M.A. (myron@qnet.com)

Albert Hofmann, inventor of LSD and other valuable compounds, has now reached his 96th birthday. While his body experiences some of the effects of aging, presenting a few aches and pains, this does not prevent his satisfying afternoon walks around the beautiful landscape that surrounds his Swiss home. His mind is clear and his voice is strong and articulate.

For some two years now, Dr. Hofmann has not been receiving interviewers or visitors, feeling that he has completely expressed his views in available published material. He did, however, consent to a final documentary, a history of LSD being prepared by the National Film Board of Canada. This documentary promises to be the best treatment of the subject filmed to date. At age 95, Dr. Hofmann gave a very inspirational interview, a portion of which will appear in the initial release.

For the balance of this Hofmann Report, we are pleased to introduce our advisor Ralph Metzner.

Ralph Metzner obtained a B.A. in Philosophy and Psychology at Oxford University, and a Ph.D. in Clinical Psychology at Harvard University, and also held a postdoctoral fellowship in Psychopharmacology at the Harvard Medical School. As reported in *Shaman's Drum*, (Number 51, 1999), Ralph Metzner is world renowned as a pioneer in the study of consciousness and transformative experience. He worked with Timothy Leary and Richard Alpert on psychedelic research, edited the *Psychedelic Review*, co-authored *The Psychedelic Experience* (1964), and edited *The Ecstatic Adventure* (1968). He is also the author of *Maps of Consciousness* (1971), *Know Your Type* (1979), *Opening to Inner Light* (1986), and *The Well of Remembrance* (1994). He has pursued research in altered states of consciousness and cross-cultural methods of consciousness expansion, and published more than seventy-five articles on consciousness, shamanism, alchemy, transformation, and mythology. He is a professor of psychology at the California Institute of Integral Studies in San Francisco, and maintains a private practice of psychotherapy in the Bay Area. He is president and co-founder of the Green Earth Foundation ([http://www.rmetzner-greenearth.org/](http://www.rmetzner-greeneearth.org/)), a non-profit educational organization devoted to healing and harmonizing the human relationship with the Earth. His most recently published book is *The Unfolding Self: Varieties of Transformative Experience* (Origin Press, 1998), and *Green Psychology, Transforming Our Relationship to Earth* (Inner Traditions International, 1999). Dr. Metzner can be contacted via e-mail at rmetzner@svn.net

Ralph Metzner has now been active in the field of Consciousness Studies, including altered states induced by drugs, plants, and other means, for over thirty-five years. Ralph has been one of the most dedicated explorers in investigating various means and methods of producing profoundly altered states. Starting in the 1960s with psychedelic drugs such as LSD and psilocybin, his searches led him to non-drug methods used throughout history and around the globe. His investigations cover an extremely wide range of practices that mankind has used to achieve high levels of awareness and the discovery of our true nature.

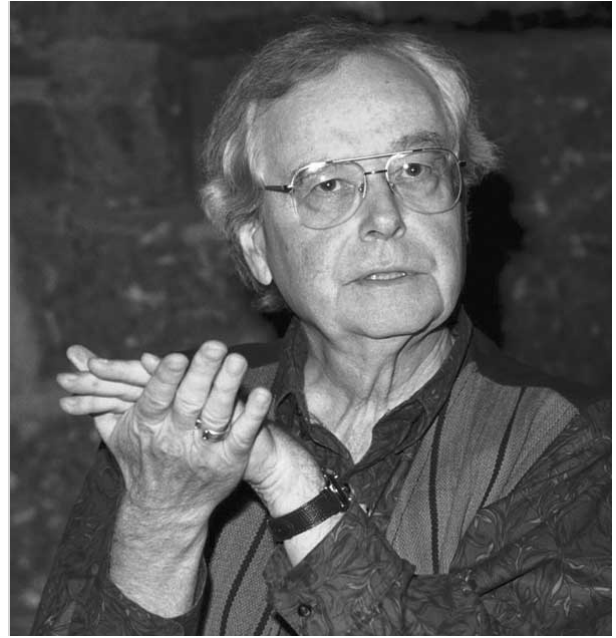
Our soul's yearning, whether we realize it or not, is to release our Self from our self-made bonds and unfold into the far reaches of the enormous potentials and exciting realizations that are our birthright. I don't know anyone who has searched

more diligently than Ralph Metzner to uncover the various devises and methods that mankind has developed through the ages, over extensive areas of our planet, to reach this most satisfying of all achievements — to find who we really are and the ultimate nature of Reality. The results of much of his dedicated work are presented in his outstanding book, *The Unfolding Self* (cited above). In this volume, Ralph has gathered an exhaustive number of methods of transformation, so that seekers of almost any persuasion or belief system can find a vehicle which will ignite the flame of desire for further development. He has studied the practices of Shamans and Wise Ones that have been applied throughout history and around the world. He has become thoroughly familiar with the various stages of progression and levels of achievement; he has recognized those obstacles which appear as hindrances to persons locked in various false belief systems or in various states of progress; and he has studied the procedures which can be helpful in freeing one from this spectrum of barriers. I believe that anyone who is seriously seeking self-understanding, achieving profound realization, and freedom from afflictions, will find a great amount of help in this book.

In the introduction, Metzner states: “there exists in human experience another kind of transformation, a radical restructuring of the entire psyche that has been variously referred to as mystical experience, ecstasy, cosmic consciousness, oceanic feeling, oneness, transcendence, union with God, nirvana, satori, liberation, peak experience, and by other names.” In this introduction, many metaphors are given to describe such transformation.

In the following chapters, various aspects of transformation are dealt with, such as waking up from dreaming to reality, discovering the veils of illusion which prevent us from experiencing our deeper Self, and methods of freeing ourselves to discover our true nature. The latter includes such practices as moving from captivity to liberation; purification by Inner Fire, reconciling with the Inner Enemy; dying and being reborn, integrating the inner Wild Animal, journey to the Place of Vision and Power; returning to the Source. I doubt if anyone can read this book without gaining fresh understanding of human possibilities and the enormous potential that lies in waiting when we commit ourselves to the journey of realization.

It is clear that in more recent times Ralph’s



interests have focused more directly on the use of native plant materials, and specifically Ayahuasca, the subject of his recent book *AYAHUASCA: Human Consciousness and the Spirit of Nature*, (Thunder’s Mouth Press, NY, 1999). He attributes his move in this direction to several factors (see the *Shaman’s Drum* interview noted above): an intentional move away from the newly created synthetic psychedelics; the native plants have been thoroughly proven and established over long periods of time by numbers of users in various places in the world, including Africa and South America; their extraordinarily powerful healing and transformative powers have been very well established; an analysis of the practices of many different groups reveal common procedures that effectively focus individual experiences and support the participants in having fruitful outcomes. For example, the bonding of a group and the interchange of energy is of great help to the individual who may be running into difficult or painful areas in his/her unconscious. The group support provides assurance which eases the intensity of the discomfort and permits the subject to more readily resolve the situation and rise to the surface. Also, the custom of dancing and singing together that some gatherings employ strengthens the bonds and eases the passageway to higher realization.

The final section of *Ayahuasca* deals with Conclusions, Reflections, and Speculations. Here are some excerpts from this chapter:

“...the drinking of ayahuasca is something like

a master cure for all illness...it is clear from the literature and stories recounted in this volume, that remarkable physical healings and resolutions of psychological difficulties can occur with this medicine. Early in the twentieth century an extract of the vine was used successfully in the treatment of Parkinson's disease, a possible application that has not to date been followed up. There have been anecdotal accounts of complete remission of some cancers after one or two sessions with ayahuasca."

"...The research by Grob, McKenna, Callaway and their associates with the Brazilian hoasca church known as UDV showed that there were significant differences on several personality trait measures between the long-term use of hoasca and a nonusing group. Psychiatric interviews also confirmed these differences in that the subjects reported making positive changes in their behavior (less drinking and drug use, more responsibility and confidence) as a result of their participation in the hoasca ceremonies...The hoasca users performed better than controls on short-term verbal learning tasks—capabilities that usually decline with age."

"From the stories related in this volume, one cannot help but be impressed by the remarkable health-enhancing effects attributed to the purging action of the vine. People describe the liberating, lightening, color-enhancing, strengthening after-effect of *la purga* in near-rapturous tones...Many first-time ayahuasca users have to overcome an initial inhibition to vomiting, because of its usual associations with sickness. Once this is done, they find that the purging is easy and effortless and not at all accompanied by nausea or queasiness."

"There is an interesting convergence that often happens between physical purging and psychic purging—what seems to be a kind of discharge of negatively toned psychic contents. People who do not have any appreciable physical toxicity in their system may yet find themselves throwing up and thereby releasing the toxic residues of past emotional entanglements, the guilt and shame loads of traumatic abuse, or the self-limiting, self-defeating thought-patterns of addictions, compulsions and other neurotic behaviors. Sometimes people might even find that what they are discharging through the vomiting is not so much their personal "stuff," but some portion of the collective consciousness-bands of humanity."

Metzner completes the *Ayahuasca* book by examining possible effects on the world situation.

"...the unprecedented industrial-technological assault on the biosphere we are witnessing in our time is rooted in the mechanistic scientism of the modern world, which deliberately divorced itself from spirituality, values, and consciousness. There exists a vast gulf in common understanding between what we regard as sacred and what we regard as natural. And yet, out of the experiences of millions of individuals in the Western world with hallucinogenic sacraments, as well as other shamanic practices, we are seeing the re-emergence of the ancient integrative worldview that sees all of life as an interdependent web of relationships, that needs to be carefully protected and preserved."

After a historical review of how entheogenic and native plant substances have come into use and the impacts they have made up to current times, Metzner associates these developments with an instinctive evolutionary or karmic development to counter the mounting crisis in world civilization. "Certainly, it is not difficult to see the parallels in several cultural movements that seek to correct the dangerous imbalance in humanity's relation to nature: in deep ecology and ecofeminism, which call for a respectful, egalitarian, ecocentric attitude towards the natural world; in the organic gardening and farming movements, which seek to return to traditional methods avoiding chemical fertilizers and pesticides; in the movement to increased use of herbal, nutritional and complementary healing modalities with less reliance on high-tech interventions; and in several other philosophical, scientific and religious movements..."

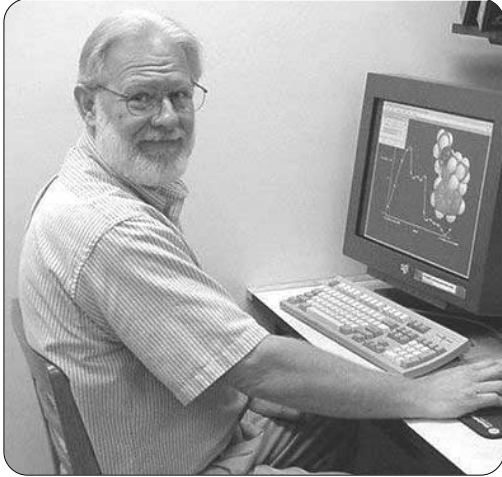
In these diverse movements and disciplines toward healthier recognition of interrelatedness, "the respectful use of entheogenic plant medicines in spiritual/therapeutic contexts may yet come to play a highly significant role...Instead of the usual attitude of arrogant and exploitative superiority, those who have experienced ayahuasca and other entheogens are more likely to find themselves humbled and awed by the mysterious powers of nature, and strive to live in a simpler way that minimizes environmental harm and celebrates the astonishing diversity and beauty of life."

Ralph Metzner is to be congratulated and honored for his dedicated efforts to preserve our planet and to help bring peace and fulfillment to its inhabitants. ■

REPORT FROM THE HEFFTER RESEARCH INSTITUTE

David E. Nichols, Ph.D., President (drdave@pharmacy.purdue.edu)

James Thornton, Executive Director (JamesThorntonUK@aol.com)



Dave Nichols, Ph.D.

First, we have just published a new edition of *The Heffter Review*. I believe it contains articles of real merit. If you enjoy reading about psychedelic research, you'll want to get a copy!

Second: we have selected Dr. George Aghajanian as the winner of the 2001 Heffter Award for Excellence in Research. Dr. Aghajanian is an outstanding senior neuroscientist at Yale who for nearly three decades has researched how hallucinogens affect the actions of single neurons in the brain. His work exemplifies the quality of science that the Heffter Institute seeks to foster.

We would also like to update you briefly on what's happening at the Institute. Our program continues to develop with steady progress. The Heffter Research Center in Zurich has grown, and there are now eight people working there on the neuroscience of hallucinogens. Several clinical research programs are also maturing in the United States. Here are some highlights on the work in the US, followed by updates on the Swiss research:

• **Obsessive Compulsive Disorder Study:**

The first clinical research study with a hallucinogen in the United States in 30 years has just begun. We've funded a study led by Dr. Francisco Moreno at the University of Arizona Medical School to look into whether psilocybin can be efficacious in the treatment of Obsessive Compulsive Disorder (OCD). MAPS paid for the synthesis of the psilocybin and organized some staff training lectures and workshops. Several anecdotal reports suggested that acute use of hallucinogens may lead to a profound reduction of symptoms. OCD is a relatively common condition, which appears to result from a serotonin dysfunction. Current treatment relies on the Prozac-like "selective serotonin re-uptake inhibitors (SSRI's)." But these work well only for a relatively small percentage of patients. Psilocybin is a potent serotonin agonist, whose mechanism of action is altogether differ-

"The Heffter Research Center in Zurich has grown, and there are now eight people working there on the neuroscience of hallucinogens."

“Early studies in the 1960s and 70s produced profoundly interesting results when hallucinogens were given to dying patients.”

ent from that of the SSRI's. Two important questions will be addressed in this study: 1) do potent hallucinogens lead to an acute decrease in the symptoms of OCD?; and 2) if so, is a full hallucinogenic dose required to demonstrate significant reduction in the symptoms of OCD? The first patient was treated on November 27, 2001, (read Francisco Moreno's article in this issue for a current update), and we look forward to some very interesting data in 2002.

“...the Swiss team is in the process of developing a protocol to test psilocybin as a treatment for bulimia and binge eating disorder.”

• **Easing the Anxiety of Death:** Early studies in the 1960s and 70s produced profoundly interesting results when hallucinogens were given to dying patients. An overwhelming majority of them gained benefit from the treatment. Anxiety was reduced, and for many, physical pain was diminished significantly. These results were a prime reason for my original motivation to start up the Heffter Institute, because they were the most well documented evidence of therapeutic value for hallucinogens. We are on track to re-examine the early results with the best modern clinical techniques available. Dr. Charles Grob of Harbor-UCLA Medical Center has completed the design phase of the study. The protocol has been peer-reviewed, and has recently been submitted to the FDA. The study focuses on whether anxiety in the dying can be significantly reduced by the administration of psilocy-

bin. Any attendant reduction in pain will also be measured. We hope to see the clinical phase begin in 2002.

• **Swiss Heffter Research Center:** Professor Franz Vollenweider at the University of Zurich continues to build an extensive and elegant program of research into the nature of consciousness, using hallucinogens as research tools. He now has a team of eight people working with him on a series of co-ordinated studies. Let me mention two, so as to give a flavor of his work. Over the next few months the Swiss team will be carrying out a study on the effects of low dose psilocybin on memory in human subjects between 50 and 65 years of age. They should learn a good deal about the effects of serotonergic agents in facilitating memory in this population for whom measurable memory deficits are an everyday fact of life. This study will also be a foundation stone in the Swiss team's long-term project of investigating how memory is used to construct the human sense of self. Moving to the clinical dimension, the Swiss team is in the process of developing a protocol to test psilocybin as a treatment for bulimia and binge eating disorder. These body dysmorphic disorders may have an etiology similar to that of obsessive compulsive disorder. The thought, therefore, is that a serotonin agonist may also prove efficacious in their treatment. The design of this eating disorder study opens up the exciting possibility of running clinical studies in Switzerland in parallel with the powerful basic neuroscience studies that our Swiss colleagues are so adeptly carrying out.

Finally, don't forget to check our web site www.heffter.org from time to time to see what's new. ■

ROSEMARY WOODRUFF LEARY

PSYCHEDELIC PIONEER

*By Martina Hoffmann
(art@martinahoffmann.com)
With Friends of Rosemary
Woodruff Leary*

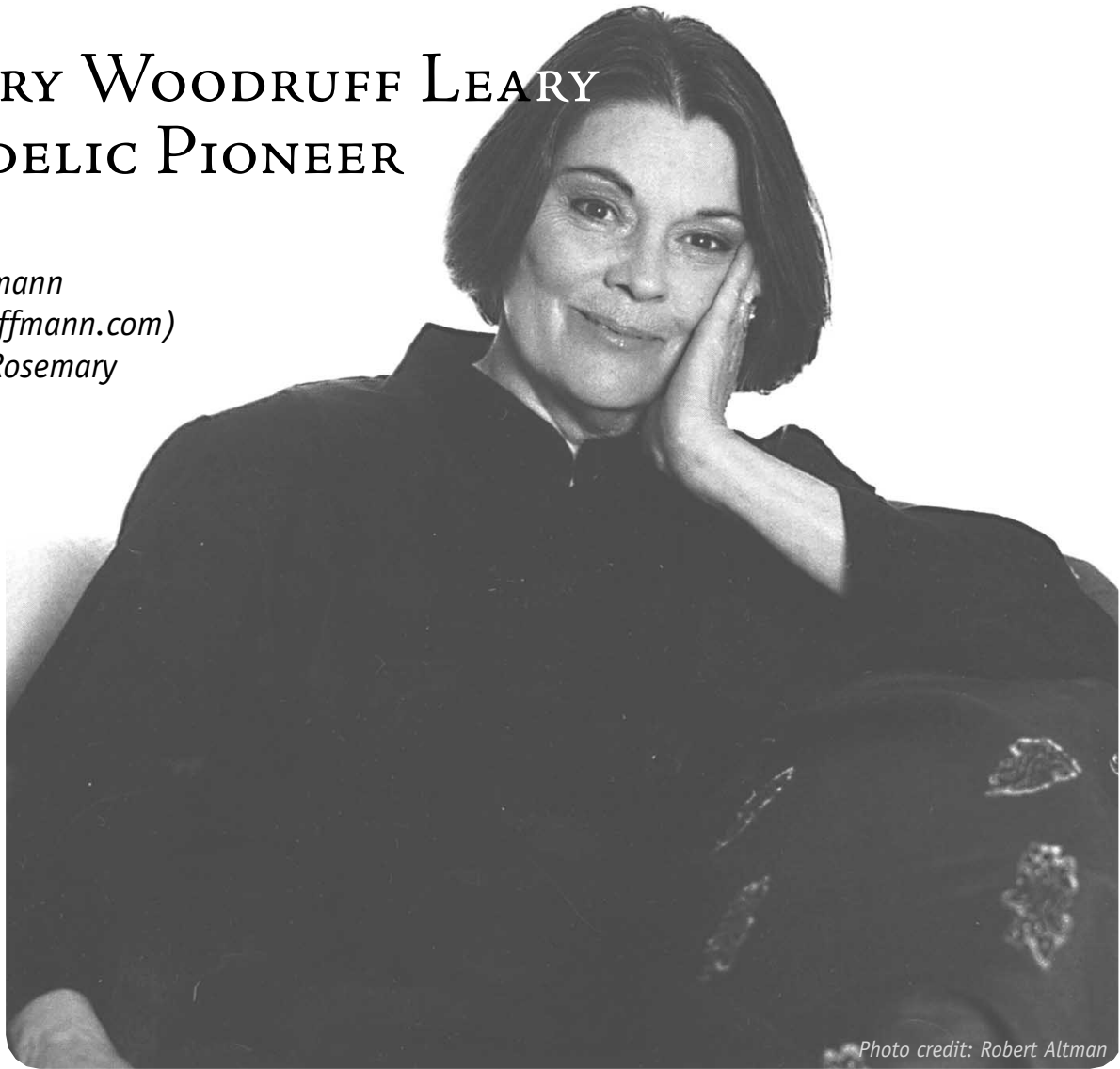


Photo credit: Robert Altman

One of the great female Psychedelic Pioneers, Rosemary Woodruff Leary, died on February 7, 2002, at her home in Aptos, California. She was sixty-six years old. Born in St. Louis, Missouri on April 26, 1935 into a conservative Baptist environment, Ro, as she was known to her friends, began her psychedelic journey long before her relationship with Dr. Timothy Leary. In the fifties, as one of the early seekers who prefigured America's emerging counter-culture, she escaped to New York City at a tender age where she became part of the city's most progressive music (jazz), art and literary (Beat) circles and experimented with psilocybin mushrooms and peyote. From here the course of events brought her to eventually become the 'accomplice' of the "most dangerous man in America".

The sheer number of psychedelic luminaries present at her memorial, held on April 20 in Santa Cruz, gave testimony to the fundamental role she played during the psychedelic revolution and beyond. Amongst them were Ralph Metzner, Frank Barron, Peggy Hitchcock, Robert Anton Wilson, Michael and Cindy Horowitz, Chet Helms and many others, including Ram Dass who was at

her hospital bed.

In the 50s and early 60s era, because of the pervasive sexism which obscured women's intellectual contributions, women rebels were viewed mostly as being muses to their male counterparts. Rosemary Leary soon transcended this role by becoming Timothy Leary's partner in creating the setting which shaped LSD experimentation in its formative years. As he describes in *Flashbacks*: "Rosemary and I shared the work too. I was finishing the work of psychedelic poetry based on the Tao Te Ching. Rosemary edited the manuscript. She joined....me in preparing the slide shows and tapes we used in our weekend workshops in various cities around the East Coast. We tried to stimulate LSD experiences with sounds, strobes and slides, as Ralph, Michael and I alternated murmured narration and Yogic instructions while Rosemary whispered philosophic poetry, hour upon hour, recapitulating the evolution of the species, taking our astounded participants up the chakras of their bodies." (*Flashbacks*, pp. 232-3.)

Her greatest contribution to the psychedelic movement was surely her consistent refusal to

*"...there are truths more fundamental
and significant than the laws of men
intoxicated with power."*

cooperate with Federal Authorities. She received thirty days of solitary confinement for not testifying against Leary after G. Gordon Liddy busted Millbrook in 1966. Then she proceeded

to orchestrate Leary's escape from prison in 1970 with the aid of the Weather Underground and planned for their subsequent escape to Algeria. Most critically, that same year she refused an offer of amnesty from the FBI in exchange for providing names of others who had committed illegal acts in the name of freedom of consciousness. This selfless show of bravery was to define the course of her life.

In her own words: "After escaping from Algeria, and suffering through yet another arrest and release in Switzerland, I left Leary, searching for a country that would allow me to find some peace and sanity. What followed were years of adventure and fear in some very far-flung places. I lived underground as a fugitive for twenty-four years in Europe and the Americas, long after Leary was captured again and eventually released from the US prison system."

Because of Rosemary Leary, many founding members of the psychedelic movement lived out their lives in freedom rather than jail cells. She paid a high price for the freedom of others: not until 1995 could she say, "I have regained my freedom and I am free again to write." But she paid this price willingly because of what psychedelics had taught her: that there are truths more fundamental and significant than the laws of men intoxicated with power. ■

The Literature of psychedelics

By Bob Wallace (books@promind.com)

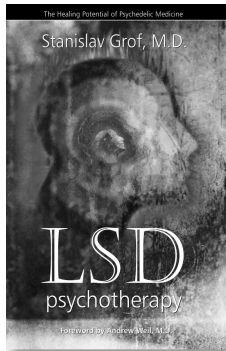
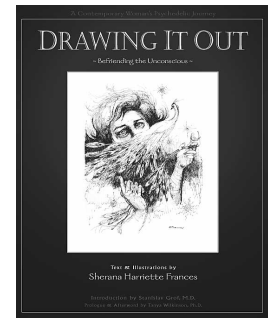
new books

Drawing It Out: Befriending the Unconscious

A Contemporary Woman's Psychedelic Journey

The artist/author went through LSD psychotherapy in the 60's, and expressed this transformational journey in her art. Very powerful and evocative drawings, used in training sessions and seminars by Stan Grof and others, that come from her unconscious and are eloquently described here. Introduction by Stanislav Grof. Recommended.

Sherana Harriette Frances 2002; MAPS 0-9660019-5-8, 128 pg pb, 19.95



LSD Psychotherapy

Exploring the Frontiers of the Hidden Mind

New edition with 8 new color prints and a foreword by Andrew Weil, MD. Written for the psychotherapist who may be interested in the clinical use of LSD. Includes history, basic effects, the psycholytic and psychedelic therapies, adverse effects and contraindications, the course of therapy, indications for use, therapeutic mechanisms, and other uses such as training and self-actualization. Many case studies. Good section on helping people with "bad trips" or other problems. Recommended.

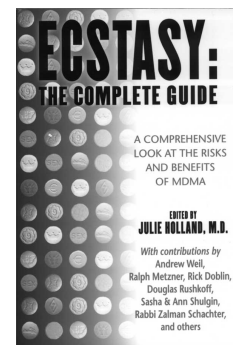
Stanislav Grof 1980/2001; MAPS 0-9660019-4-X, 352 pg pb, 12.95

Ecstasy: The Complete Guide

A Comprehensive Look at the Risks and Benefits of MDMA

Anthology of latest information on Ecstasy: its history, physical and mental risks, uses for therapy and recreation, current research, and social issues. Authors include David Nichols, Alexander and Ann Shulgin, Ralph Metzner, George Greer, Charles Grob, Douglas Ruskoff, and Rick Doblin. Appendices, references, index. Recommended.

Julie Holland 2001; Inner Traditions 0-89281-857-3, 464 pg pb, 16.95



Psychoactive Sacramentals

Essays on Entheogens and Religion

Excellent continuation of "Entheogens and the Future of Religion," with 25 new essays on the spiritual benefits of entheogens. Authors include Huston Smith, Stan Grof, Alexander and Ann Shulgin, Albert Hofmann, Dan Merkur, Rick Doblin, Myron Stolaroff, and four clergy members. Recommended.

Thomas B. Roberts (editor) 2001; Council on Spiritual Practices (Promind Services) 1-889725-02-1, 286 pg pb, 16.95

Ibogaine

Proceedings of the First International Conference

Ibogaine is a complex psychedelic used to treat heroin and other addictions. This book focuses on its many brain receptor effects, plus its use in treatment, possible neurotoxicity, related alkaloids, and anthropology (both indigenous and underground). It provides clues to the nature of neurochemical addiction, perhaps as it relates to genetic expression. Index.

Kenneth Alper & Stanley Glick (editors) 2001; Academic Press (Harcourt Brace) 0-12-053206-9, 357 pg pb, 79.95

Shamanism

The Neural Ecology of Consciousness and Healing

Shamanism is a universal method of healing using altered states of consciousness, which involve slow wave synchronization across the brain to produce adaptive integrative mental states, says the author. He backs this up with both cross-cultural and neurobiological evidence, including psychotherapy styles. Links neurology and phenomenology of altered states of consciousness, shamanism, and visionary experience with psychophysiological dynamics of healing. Bibliography, index.

Michael Winkelman 2000; Bergin & Garvey (Greenwood) 0-89789-704-8, 3218 pg hb, 64.95

Shamanic Snuffs or Entheogenic Errhines

Covers three classes of indigenous snuff plants and their active compounds: *Viola* (5-MeO-DMT), *Anadenanthera* (4-HO-DMT), and *Nicotiana* (nicotine); has their history, ethnobotany, chemistry, and effects, plus results of his personal bioassays. Also a chapter on 57 additional snuffs from 134 other species, and one on Ott's psychonautic experiments; all in Ott's passionate prose. Illustrations; large bibliography and index. Jonathan Ott 2001; Entheobotanica (Natural Products) 1-888755-02-4, limited edition of 1026 copies signed and numbered, 160 pg hand-

bound leather with cloth slipcase, 99.95

Intoxicating Minds

How Drugs Work

Broad overview of how psychoactive drugs work in the brain, from Prozac to LSD and other recreational drugs, in a non-judgemental way. Also discusses the influence of mind drugs on history, and even human anthropological development, with some lively anecdotes about how some drugs were discovered. Entertaining and informative.

Leslie Iverson 2001; Columbia University Press 0231120168; 180 pg hb, 29.95

The Dream Drugstore

Chemically Altered States of Consciousness

Compares the normal waking brain state with the alterations produced by dreams, psychedelics, and schizophrenia; how mind-altering drugs interact with the brain's mind-altering neurotransmitters. Has some interesting points about the plasticity of the brain, possible problems of long-term use of medical mind drugs, and how dreams, delusions, and psychedelic imagery may all come from a brain shift from aminergic to cholinergic neurotransmitter activity. Bibliography, index. Not much on psychedelics, but interesting.

J. Allan Hobson 2001; MIT Press 0-262-08293-4, 348 pg hb, 27.95

Spirit of the Shuar

Wisdom from the Last Unconquered People of the Amazon

Perkins joins his Shuar friend Mariano to tell us about the culture and wisdom of this Ecuador Amazon group. We learn of love, sex, brotherhood, and war; then more subtle areas of 'shapeshifting' (death); the Dreaming; the sacred teacher plants ayahuasca, datura, chicha beer, and tobacco; and the shamans who use them. Glossary.

John Perkins & Shakaim Mariano Shakai Ijiam Chumpi 2001; Inner Traditions 0-89281-865-4, 192 pg pb, 14.95

***The Last Sorcerer
Echoes of the Rainforest***

Montana doctor on sabbatical in the Peruvian rainforest learns about medicinal and shamanic plants, and is drawn to the tribal cultures. A colorful amazon travel log, with detailed descriptions of various plants and their uses (plus a summary appendix), and his story of disillusionment with Western medicine. Glossary, dictionaries, references.

Ethan Russo 2001; Haworth (Ingram) 345 pg, 0-7890-1269-3 hb 39.95; 0-7890-1270-7, pb, 24.95

Jungle Medicine

The author's transformation from Midwestern pharmacist to ayahuasquero shaman. After thirty years of dispensing Western medicines, illness and disillusion lead her to don Antonio, a Peruvian healer who initiates and trains her using ayahuasca. She learns to work with its "spirit doctors," as well as various Amazonian plants to help nature with healing. Glossary and references. A compelling personal story.

Connie Grauds 2001; Citron Bay Press (from author) 1-928595-08-1, 214 pg pb, 14.95

***The Psychedelic Sacrament
Manna, Meditation, and Mystical Experience***

More evidence (after his book *Mystery of Manna*) that God's miraculous bread was made with ergot. Teachings of Philo of Alexandria, Rabbi Moses Maimonides, medieval Islam, and St. Bernard of Clairvaux refer to special meditations used with this sacrament to combine revelation with rational thought to reach religious transcendence. Notes, index.

Dan Merkur 2001; Inner Traditions 0-89281-862-X, 141 pg pb, 12.95

***I Was Carlos Castaneda
The Afterlife Dialogs***

The author learns about the nature of death, and life, from Carlos Castaneda who comes back from the dead to see him, and from ayahuasca (translated as 'vine of death' or 'vine of the soul'). He finds how our fear of death can keep us from

living in conscious harmony with the living earth. By award-winning, gifted storyteller.

Martin Goodman 2001; Random House (Ingram) 0-609-80763-3, 239 pg pb, 11.95

Psychedelic Trips for the Mind

60's stories by and about Timothy Leary, Jerry Garcia, John Lennon, Ken Kesey, Abbie Hoffman, Groucho Marx, Susie Bright, Ram Dass, Wavy Gravy, Mountain Girl, Squeaky Fromme, Augustus Oswley, Eldridge Cleaver, and of course editor Paul Krassner. Most relate to their LSD experiences.

Paul Krassner 2001; High Times (Last Gasp) 1-893010-07-4, 197 pg pb, 15.95

Writing On Drugs

The history of drug use as it has influenced writers and their cultures. Opium and De Quincey, hashish and Ludlow, nitrous and William James, Freud and coca, mescaline and Michaux, LSD and Huxley, and many more drugs and writers. Bibliography and index.

Sadie Plant 1999; Picador (Ingram) 0-312-27874-8, 304 pg pb, 12.95

***The Psychopharmacology of Herbal Medicine
Plants That Alter Mind, Brain, and Behavior***

The uses and effects of various popular plants; includes hallucinogens as well as cannabis, cognitive enhancers, anxiolytics, psychotherapeutic herbs, and others. Focuses on cognitive effects such as attention, learning, and memory. Good introductions to both brain science and pharmacology as well. Good hallucinogenic plant chapter, with history, pharmacology, brain and mind effects, and other items. References, reading list, index.

Marcello Spinella 2001; MIT Press 0-262-69265-1, 589 pg pb, 24.95

***Peyotism and the Native American Church
An Annotated Bibliography***

Much has been written about the Native American use of peyote, perhaps because of controversy over this use. Here is a guide to the literature by an expert. 493 entries: the

core collection (8), general works (258), and individual tribes (227). Index.

Phillip M. White 2000; Greenwood 0-313-31626-0, 163 pg hb, 73.95

Spirits of the Rainforest

Aspects of the Hyper-Real

As we find stories in clouds and see reflections of the rainforest on the Amazon, new meaning comes from viewing these reflections, sideways, through our sidesight doors of perception. Ayahuasca and awareness of breath helps this process. Mother Earth's roots sustain us, while Father Sun illuminates the way to transformation. 27 lovely photos. Demetri Dimas Efthyvoulos 2000; self-published [no isbn], 76 pg wide pb, 21.95

High Art

A History of the Psychedelic Poster

Beautiful art plus history, from the start of the psychedelic movement and early artistic influences (such as the Belle Epoque and art nouveau); through the Filmore and Avalon rock posters by Wilson, Mouse, Griffin, and others; the British scene and artists Waymouth, Sharp, and others; ; some recent works; and about collecting posters. Index. Ted Owen & Denise Dickson 1999; Sanctuary Publishing (Last Gasp) 1-86074-256-4, 176 pg lg pb, 29.95

Change Your Brain

The theme is 'scientizing the internal' by studying inner mental states, and how to change them using psychedelics or other methods. Creativity, both artistic and linguistic, is another focus. Based on Leary's *Changing My Mind Among Others* (1988).

Timothy Leary (2000 edition); Ronin Publishing 1-57951-017-5, 91 pg pb, 11.95

Ecstasy

Its History and Lore

Another British view of MDMA and the rave scene. Has some information on Ecstasy history, effects, problems, music scene, poli-

tics, and other tidbits, but not recommended for technical or health data. Index, limited bibliography.

Miriam Joseph 2000; Carlton Books (Ingram) 1-85868-862-0, 96 pg pb, 9.95

new editions

Plants of the Gods

Their Sacred, Healing, and Hallucinogenic Powers

Wonderful, profusely illustrated book on the botany, chemistry, and sacred use of hallucinogenic plants. Starts with a general introduction to the plants and cultures who use them, then briefly describes and illustrates 91 different species. Fourteen get extended chapters on cultural uses, chemistry, and art, including Cannabis, Ergot, Iboga, Ayahuasca, Peyote, San Pedro, and Psilocybe. Best introduction to ethnobotany and plant entheogens. Many color illustrations. Highly recommended.

Richard Evans Schultes & Albert Hofmann 1992; Inner Traditions 0-89281-979-0, 208? pg pb, 29.95

new periodicals

Entheos #1

The Journal of Psychedelic Spirituality

Premiere issue of periodical devoted to entheogens and their effects on spirituality and religion, with an emphasis on Judeo-Christian mysteries. Reprints the paper defining 'entheogen'; several articles on Amanita muscaria and the late Richard Evans Schultes; extensive analysis and artwork of Eden in the 'Entheogenic Vision of Paradise', and of the 'Alchemical Pharmacopoeia'; interview with Dr. Strassman. Many color photos.

Mark Hoffman (editor) 2001; self-published, 90 pg lg pb, 15.95

Trip: The Journal of Psychedelic Culture #6.

Re-launch of "TRP: The Resonance Project" magazine. Schultes eulogy, CIIS experiences, 2C-T-7 deaths, drug research subject, Richard Glen Boire interview, psychedelic cultures, DanceSafe Se-

attle, Charles Hayes (Tripping) interview, corporate metabolism, reviews, Karl Jansen, John Lilly interviews.

Scott O. Moore (editor); Resonant Media, 68 pg lg pp, 5.95

The Heffter Review of Psychedelic Research, Vol 2, 2001

More new research papers on psychedelics. Psychological and neurophysiological effects of MDMA (Vollenweider); differential actions of an entactogen, a stimulant, and a hallucinogen (Gouzoulis-Mayfrank); serotonin receptor signaling and hallucinogen action (C. Nichols & Sanders-Bush); LSD and its lysergamide cousins (D. Nichols); ketamine-assisted psychotherapy for heroin addiction followup (Krupitsky et al). Recommended.

David Nichols (editor) 2001; Heffter Research Institute ISSN 1534-9640, 108 pg lg pb, 9.95

Eleusis (new), Issue 4

What was the kykeon of the Temple of Eleusis? Two long papers take this research to the next level. Plus fly-agarics in Scandinavia; the dream plant of South Africa; plants of New Guinea; *Boletus manicus*; Maori kava; reviews.

Giorgio Samorini & Jonathan Ott (editors) 2001; SISSC, 186 pg lg pp, 21.95

The Entheogen Review, Vol X, #1

Ott on psychoactive snuffs (see his snuff book), more *Trichocerei* cacti photos by Trout, short-acting ingestion methods (snorting, vaporization), basifying compounds, another view of DMT, Sources update, feedback, events, books, more.

David Aardvark (editor); 44 pg lg pp, 5.95

The Entheogen Review, Vol X, #2

Ott on Schultes, DMT and Strassman, more *Trichocerei* cacti photos by Trout, Mind States II and Hofmann, *Acornus* and *Anadenanthera*, *Salvia divinorum*, Boire on *Pharmaco Prohibita*, Elizabeth Gips eulogy, events, more.

David Aardvark (editor); 36 pg lg pp, 5.95

Journal of Cognitive Liberties, Vol 2 #1

On Cognitive Liberty (Boire); Sadie Plant essay and interview; Creative Agnosticism (Wilson); banning books and sites; entheogen law news. Sharon O'Toole DuBois (editor), 100 pg pb, 9.95

Journal of Cognitive Liberties, Vol 2 #2

Several essays on the nature of 'addiction' to drugs, and to other items such as television. Boire's testimony about MDMA sentencing; entheogen law news.

Sharon O'Toole DuBois (editor), 100 pg pb, 9.95

Journal of Cognitive Liberties, Vol 2 #3

Virtual Spaces; essays on increased police surveillance after the terrorist attacks; medical necessity defense, global illicit drug trends; entheogen law news.

Sharon O'Toole DuBois (editor), 124 pg pb, 9.95



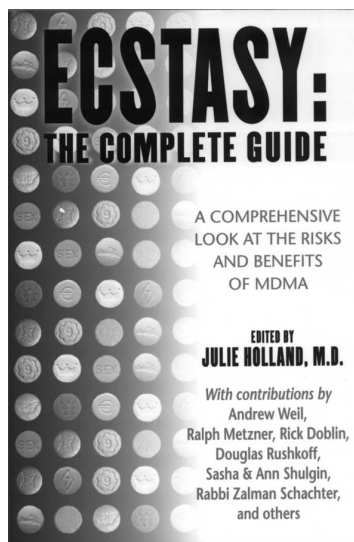
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All these are available from Mind Books, the author's company; of course most are available from other good sources as well.

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ECSTASY: THE COMPLETE GUIDE

Book Review by Adam Fish (love4wisdom@hotmail.com)



Ecstasy: the Complete Guide is available from <http://maps.org/books/> for \$19.95

With 24 chapters, six sections, and a detailed appendix, *Ecstasy: The Complete Guide* (Park Street Press, 2001), edited by Dr. Julie Holland, is the most comprehensive book written on MDMA to date. It adeptly navigates the canon of preceding research, answers many novel questions, and excavates much misinformation. *The Complete Guide* is packed with the confessions of 30 researchers who expertly opine on MDMA. In tandem they assert that “the judicious, supervised, and infrequent use of single oral does of MDMA as a psychiatric medicine may be a revolutionary tool to assist in the fields of psychology and psychiatry.”

Each of the six sections triangulates a facet of MDMA research. The first section deals with the history, pharmacokinetics, and the molecular structure of MDMA. In the second section the latest findings on the toxicology of MDMA are presented in a reader-friendly manner. The subsequent sections deal with MDMA research, psychotherapy, culture and the role the molecule plays in clinical settings. Through *The Complete Guide* one can discover the legal and research status of MDMA internationally, the effects of MDMA on memory, the claims by clergy of the potential for MDMA to incite rapture, and much more.

The Complete Guide displays the wide application of MDMA and the passionate conviction with which its use is supervised. Dr. Holland conducted interviews with Ann and Alexander Shulgin, Emanuel Sferios, Dr. George Greer, Dr. Andrew Weil, Dr. Charles Grob, Rabbi Zalman Schachter, and Rick Doblin, Ph.D. The manifold professions represented in the book speak well of both the exemplary scholarship directed at MDMA and the suppleness of this substance.

“Pain control” is Dr. Holland’s goal. A psychiatrist at Bellevue Hospital, she is adamant about harm-reduction in two forms. *The Complete Guide* intends to protect those who may hurt themselves through an abuse of MDMA and support the claim that MDMA is a safe and effective medicine for physical and mental pain. Dr. Holland hopes that *The Complete Guide* will be the “instruction manual” that will train and educate people in the beneficial use of this potent technology to remedy avoidable suffering.

If a balance of rigor and compassion is an attribute of medical inquiry, then Dr. Holland of the NYU School of Medicine is an icon. Take for example the Baggott and Mendelson article, “Does MDMA cause Brain Damage?” By claiming that high or repeated doses of MDMA can damage neural functions,

"All profits from the sale of the book *Ecstasy: The Complete Guide* will go towards funding clinical research with MDMA."

the article, besides answering a critical question, evinces how *The Complete Guide* embraces both the indications and contraindications of MDMA's benefits. But because Dr. Holland advocates infrequent, efficiently dosed MDMA sessions in the treatment of specific illnesses, Baggott and Mendelson's findings do not discredit the ideal forwarded by *The Complete Guide*.

Reading *The Complete Guide* would be a particularly effective lesson for parents, teachers, and physicians who have been misinformed by *60 Minutes*, *Oprah*, *MTV* and *20/20*. *The Complete Guide* has the potential to reform abusers of MDMA, educate the prejudiced, and stimulate veteran entheonauts to further explore personal dimensions. By educating the public and state representatives about the therapeutic potentials of MDMA to remedy post-traumatic stress disorder, pain, alienation, depression, spiritual bankruptcy, and schizophrenia, *The Complete Guide* may contribute to the reformation of MDMA laws and the dissolving of Ecstasy myths.

When finished with the 450 pages it is possible to re-taste that delicious fragment of the emotional center that MDMA awakens. After reading *The Complete Guide*, one gets the impression that this "soul-penicillin" should be used intentionally and infrequently. Ann Shulgin suggests that one should use MDMA no more than four times a year. Ralph Metzner and Sophia Adamson poetically examine the religious flavor of MDMA when used in sacred spaces. Douglas Rushkoff explores the links between cognitive enhancers, cultural fluorescence, and tribal consciousness.

If scholastic academies were to recognize

the intimate role entheogens have had in human evolution then *The Complete Guide* would be the textbook in the widely popular Entheogens 101 lecture at the University of Utopia. *The Complete Guide* is to the psychotechnician what the Physician's Desk Reference is to the family practitioner. *The Complete Guide* is exhaustive and exhibits the completeness possible only with a multidisciplinary study of Mind.

All profits from the sale of the book *Ecstasy: The Complete Guide* (Rochester, Park Street Press Vermont, 2001) will go towards funding clinical research with MDMA. The book costs \$19.95 and is available from MAPS. Donations to the Holland Fund for Therapeutic MDMA Research can also be made at Dr. Julie Holland's website: Drholland.com, or by sending your tax-deductible check to: The Holland Fund c/o MAPS, 2105 Robinson Avenue, Sarasota, Florida 34232 ■

MAPS congratulates **Kim Hewitt** on the completion of her dissertation "Psychedelics and Psychosis: LSD and Changing Ideas of Mental Illness, 1943-1966." Kim will receive a Ph.D. in American Studies from the University of Texas at Austin in August 2002. Her dissertation, for which she received a \$500 grant from MAPS, was nominated for the Gabriel Prize, the UT award for Best Dissertation.



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A V A I L A B L E F R O M M A P S

- 1. *The Secret Chief: Conversations with a Pioneer of the Underground Psychedelic Therapy Movement*, Myron Stolaroff; paperback – 144 pp: \$10.95**
- 2. *Ketamine: Dreams and Realities*, Karl Jansen MD, PhD; paperback; – 355 pp: \$14.95**
- 3. *LSD Psychotherapy*, Stanislav Grof, MD; paperback – 352 pp: \$12.95**
- 4. *Drawing It Out: Befriending the Unconscious (A Contemporary Woman's Psychedelic Journey)*, Sherana Harriette Frances; paperback 8 1/2 x 11" – 128 pp: \$19.95**
- 5. *Ecstasy: The Complete Guide*, Julie Holland, MD; paperback – 281 pp: \$15**
- 6. All MAPS Bulletin back issues: 1988–2002 – 1250 pp: \$145 US/\$170 Non-US, shipping incl. U.S. and Canada – Priority mail (allow 3-7 days): \$4.00 (add \$1.50 per additional book) Overseas airmail rates (allow 7-10 days): \$12.00 (add \$10 per additional book) Overseas surface mail rates (allow 4-6 weeks): \$5.00 (per book)**

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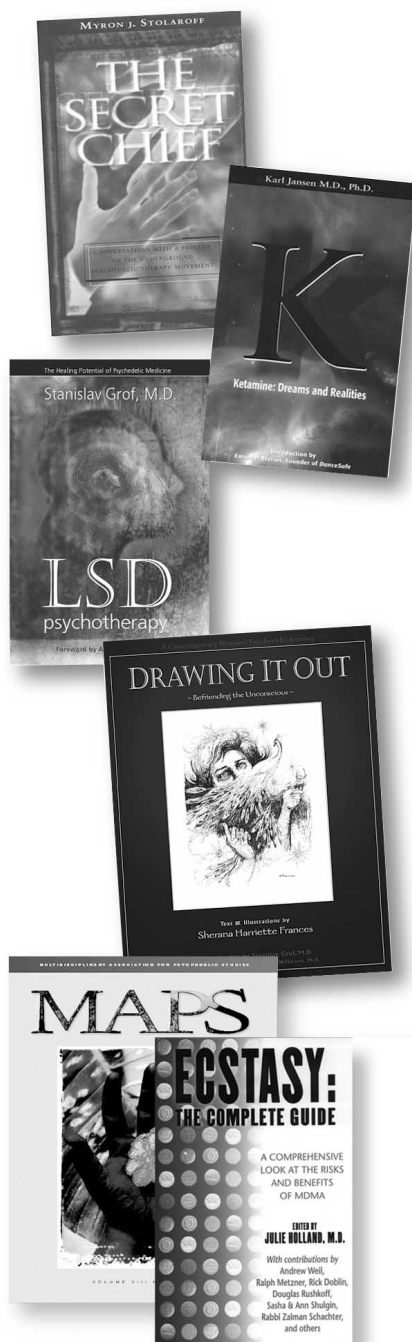
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MAPS MEMBERSHIP INFORMATION

MAPS IS A MEMBERSHIP-BASED organization working to assist psychedelic researchers around the world design, obtain governmental approval, fund, conduct and report on psychedelic research in humans.

Founded in 1986, MAPS is an IRS approved 501 (c)(3) non-profit corporation funded by tax-deductible donations from 1,800 members.

MAPS has previously funded basic scientific research in both humans and animals into the safety of MDMA (3,4-methylenedioxymethamphetamine, Ecstasy) and has opened a Drug Master File for MDMA at the U.S. Food and Drug Administration. MAPS is now focused primarily on assisting scientists to conduct human studies to generate essential information about the risks and psychotherapeutic benefits of MDMA, other psychedelics, and marijuana, with the goal of eventually gaining governmental approval for their medical uses.

ALBERT EINSTEIN WROTE: "**Imagination is more important than knowledge.**" If you can even faintly imagine a cultural reintegration of the use of psychedelics and the states of mind they engender, please join MAPS in supporting the expansion of scientific knowledge in this area. Progress is possible with the support of individuals who care enough to take individual and collective action.

The MAPS Bulletin

Each Bulletin will report on MAPS research in progress. In addition to reporting on research both in the United States and abroad, the Bulletin can include feature articles, reports on conferences, book reviews, Heffter Research Institute updates, and the Hofmann Report. Issues raised in letters, calls and e-mail from MAPS members may also be addressed, as may political developments that affect psychedelic research and usage.



MAPS' founder and President Rick Doblin earned his Ph.D. in Public Policy from the Kennedy School of Government at Harvard University. Doblin was also in Stan and Christina Grof's first training group to receive certification as a Holotropic Breathwork practitioner.



Maggie Hall, Director of Development, is interested in broadening the scope of MAPS' research and educational activities by developing more financial resources for the organization. She sees the incredible benefits available to the global community by providing the full range of therapies that every person has a right to have access to when necessary, believing strongly in personal freedom and choice.

Nicole Tavernier, Director of Operations, has a background in various fields of business and is currently working on her degree in Business Administration.



Mercedes Paulino, Director of Electronic Media, an electro-anthro-bricolier, has become a connoisseur of Deceased Culture, weird hieroglyphs, a frequenter of forgotten systems of Mysterious Statue Chambers as of Pyramids, sole witness to Polyhedral Phenomenon of alarming scale in the night sky and of Sudden Unexplained Stellar Reconfiguration.



Brandy Doyle, Director of Special Projects, is pleased to add bulletin editing and member correspondence to her responsibilities at MAPS. She enjoys the way MAPS is situated at the intersection of research and action, consciousness and public policy, understanding the mind and changing the world.



Marissa Vaudo, Membership and Sales Coordinator, is grateful to psychedelics as guides and teachers that strive for health and awareness. In her eyes, MAPS is researching so that this help can be available to all who want to heal and challenge themselves.

"I've seen chronic pain disappear as a result of one session with Ecstasy (MDMA). I've seen allergies disappear. It gives you a chance to experience your body without the chronic tension that we normally impose on it.

And although it doesn't teach you to maintain that, it shows you that it's possible and it can motivate you to find out how to make it happen...without the drug." - Dr. Andrew Weil

Congress of the United States
House of Representatives
Washington, DC 20515
June 6, 2002

The Honorable Asa Hutchinson
Drug Enforcement Administration Administrator
700 Army Navy Drive
Arlington, VA 22202

Dear Administrator Hutchinson:

We applaud the White House Office of National Drug Control Policy (ONDCP) and Drug Enforcement Administration (DEA) policies that support scientific and medical research into the risks and benefits of the potential medical uses of marijuana. We are writing you now to express our view that it would be in the public interest for DEA to license privately funded facilities to produce marijuana for use in federally approved medical and scientific research, with the facilities subject to whatever security arrangements DEA requires to prevent diversion to unapproved uses.


At present, the National Institute on Drug Abuse (NIDA) uses federal funds to pay to have marijuana grown under contract at the University of Mississippi. Since DEA has not licensed any privately funded manufacturers, NIDA has a monopoly on the supply of marijuana that can be used in FDA-approved research. In contrast, DEA has licensed privately funded manufacturers of virtually all other Schedule I drugs, including LSD, MDMA (Ecstasy), and psilocybin.

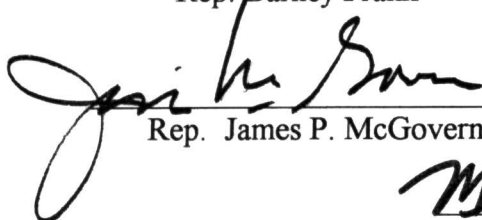
Since NIDA is the sole source of marijuana for FDA-approved research, NIDA of necessity provides marijuana at government expense to studies into marijuana's potential therapeutic uses -- research which is outside of NIDA's mission to reduce drug abuse. In addition to this unnecessary government expense, some claim that research has been impeded because of NIDA's refusal to supply marijuana to several FDA-approved medical marijuana protocols, NIDA's low quality product, and the inability of research sponsors to choose the strain of marijuana they prefer to study.

We urge DEA to license privately funded sources of marijuana for use in federally approved studies, in order to substantially facilitate the conduct of scientific research into the risks and benefits of the potential medical uses of marijuana.

Sincerely,


Rep. Barney Frank


Rep. John W. Olver


Rep. James P. McGovern


Rep. William D. Delahunt


Rep. Michael E. Capuano

(See Article on Page 3)