

Hallucinogen Use by Juveniles in Cross-Cultural Perspective

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Imagine, for a moment, what it would be like if our society openly recognized and supported the right of young people to get high and seek visionary experiences. Only those who steal or harm others would be arrested. Police would go back to the business of protecting life and property. Prisons would go back to the business of rehabilitating violent and dangerous people. Real criminals, unable to traffic in drugs, would be hard-pressed to earn a living. As America did after the repeal of Prohibition, we would return to a genuine respect for the law and our democratic form of government. Young and old would no longer be at war. The Bill of Rights would be restored. Age and wisdom would be held in high esteem and the flower of youth would be blessed with the fragrance of joy and true liberation. Our young would soar like eagles: Proud, strong, brave and free. – Steve Kuby.¹

Introduction

In 1962, Huxley's novel Island proposed that modern-day young people be permitted to experience an entheogen in coming-of-age ceremonies.² Since then, a few children have been allowed to explore psychedelics which they obtained from their parents. Children as young as nine-years claim to have benefited from LSD.³ Other families have used MDMA,⁴ *Psilocybe* mushrooms,⁵ marijuana,⁶ or 2-CB.⁷ For instance, a 36-year-old single mother was initially skeptical that entheogens had any positive value. After studying more about psychedelics, she began using them for spiritual purposes. She hid this from her sons, ages 13 and 15, because she did not want them to become interested in drugs.

¹ Kubby, Steve. 1995. The Politics of Consciousness: A Practical Guide to Personal Freedom. Loomanics Unlimited. Port Townsend WA. p.90.

² Huxley, Aldous. 1962. Island. Harper & Row Publishers. New York, etc. pp.162-174.

³ Kubby, Steve. 1995. The Politics of Consciousness: A Practical Guide to Personal Freedom. Loomanics Unlimited. Port Townsend WA. pp.123-125

Soames, Charles; West, Arnold. 1968. The Eyes of Wonder. The Ecstatic Adventure. Ralph Metzner (ed). The MacMillan Company. New York. pp.254-261.

⁴ Leen, Jeff. 1 September 1985. XTC. Tropic (magazine insert for The Miami Herald) p.8. Rough draft of manuscript by Nicholas Sanders, 1993. Section 188.

anonymous. Winter 1996-97. The Rite of Passage: A Family's Perspective on the Use of MDMA. Maps newsletter 7 (1): 40-45.

Moore, Jeff. Broadcast: December 6, 13, 20, 1999. Demon Drugs. Ideas on CBS Radio One. Produced by Max Allen.

<http://radio.cbc.ca/programs/ideas/shows/index.html>

⁵ Foldes, Andrei; Morton, Amba ; Johnson, Eric ; et al. Autumn 1995. Youths and Entheogen Use - A Modern Rite of Passage? Maps newsletter 6 (1).

⁶ B., Alice. Winter 1996-97. Stumbling on His Stash. Maps newsletter 7 (1): 37-39.

⁷ anonymous. Spring 1994. A Son's Report: 2-CB. Maps newsletter 4 (4).

<http://www.maps.org/news-letters/v04n4/04457fam.html>

However, just over a year ago, I realized that my eldest son, (14 at the time) was already investigating these things of his own accord, and I began to notice signs that he was at the very least experimenting with marijuana, and he was starting to hang out with some very rough, and very irresponsible mates. He started asking questions of a young friend of mine, about the use of LSD and magic mushrooms and when I learned that he was in fact about to consume some mushrooms, I realized that I had once again reached a growth edge that required going beyond rather than living in denial. Denial has never lead to evolutionary growth, but rather only to destructive tendency.

It was at this point that I found it very important to be open with him regarding my experiences. I gave him the information he required, factually, explaining the risks, the benefits, the manner of consumption, explained how set and setting affect the experience, and warned him about the legal implications. I agreed to let him smoke marijuana in the house with select friends, whom I knew and talked with their parents making sure that they were aware and supportive of what they were doing here. It was a huge step, and I was pretty nervous about the choice initially. However, in no time it had proven to be the right thing to do, as my son stopped hanging around with the rough crowd, who I learned later were getting involved with nasty substances such as crack and huffing aerosol, and mild crime related activity.

It was quite some time before he actually made a choice to pursue a magic mushroom trip, and he did it right here in my home where I was available to him in case he needed a guide or assistance. He took a mild dosage with his girlfriend (her mother was also aware of this) as a test and tried mushrooms that a respected friend of mine obtained for him. I felt much more comfortable with this knowing that it was coming from a reliable source. He has done it only a few times since, one of which was with myself and my boyfriend, when we took my son to his first rave... (a three day music festival, and celebration of spirit and UNITY).

These experiences have brought us closer together as parent and child, and he has become much more open and honest with me in all areas of his life. He has NOT developed any chronic interest, and has made choices to avoid substances (at least for the time being) that even I myself have partaken of (e.g. LSD, MDMA). I have also become more open with my younger son, who is very aware of what is going on. He openly admitted to trying marijuana on a couple of occasions, and has decided that these sorts of explorations are not for him, but he holds no judgment for anyone else.⁸

This account shows that children are more likely to avoid irresponsible substance abuse if their introduction to psychoactive drugs occurs in a supportive family setting rather than in a youth subculture that is alienated from adult society. Initiations within family and community might not only serve to prevent drug problems, but also could conceivably be structured to serve more sophisticated functions.

⁸ Excerpt from email from parent to Fire Erowid.

Initiation in Non-Western Societies

Andrew Weil noted that even small children seem to have an inborn drive to alter their consciousness.⁹ Not surprisingly, young people around the world have frequently employed pharmacological agents for mind-expansion. It has long been speculated that certain drugs might influence suggestibility,¹⁰ and Dobkin de Rios & Grob noted that mind-expanding substances amplify suggestibility in young people, enabling elders to instill religious and social values during indigenous rites-of-passage.¹¹ A discussion of contemporary trends in northern California will follow this historic survey of hallucinogen use by non-Western juveniles.

Ants

Ants, probably of the genus *Pogonomyrmex*, were eaten by California Indians. This ritual was practiced by the Kitanemuk, Kawaiisu, Tubatulabal, the Hokan-speaking Chumash, some Yokut groups, and the Northern Miwok. Any post-pubertal male could ingest the ants, although they were not part of a rite-of-passage. The boy fasted and purged for three days. An elder took the boy into an isolated natural setting in the hills. The initiate ingested live ants on balls of moist eagle down. His eyes turned red after swallowing several hundred ants. The elder then startled the boy so he jolted, causing the ants to all bite the inside of his stomach at once. The toxic venom injected during the bites caused burning pain, then unconsciousness. During the deathlike sleep, the boy acquired animal spirits: "dream helpers" which bestowed supernatural power for longevity, prosperity, and avoiding danger. Upon awakening, the boy drank hot water to induce vomiting, and the sacred ants came out alive still clinging to the feather balls. The procedure was repeated for several days, because additional spirit helpers conferred greater power. Probably the boy discussed his visions with the elder so that the idiosyncratic details were reinterpreted in terms of publicly approved beliefs and cosmology. After coming to mutual agreement on the significance of the visions, the elder instructed the boy how to solidify his relation with the spirits by making prayers and offerings. Then, after spending days fasting in isolation under a vow of silence, a ceremony was used to reintegrate the boy back into the community.¹²

Ayahuasca

Sara Gonzales Delgado, a recently deceased curandera from the Peruvian Andes, began training for her three-year-old granddaughter in the spiritual use of both ayahuasca and San Pedro. The little girl was lovingly cradled in the curandera's arms while her grandmother chanted in

⁹ Siegel, R.K. 1979-80. Dizziness as an Altered State of Consciousness. Journal of Altered States of Consciousness 5 (2): 87-107.

¹⁰ Regla, Doctor Desjardin de. circa 1900. Le Haschisch et la Suggestion. Société d'Hypnologie: 24-29.

Regnard, Paul-Marie-Leon. 1887. Sorcellerie, Magnetisme, Morphinisme, Delire des Grandeurs. E. Plon, Nouritt. Paris.

¹¹ Dobkin de Rios, Marlene; Grob, Charles S. 1994. Hallucinogens, Suggestibility & Adolescence in Cross-Cultural Perspective. Yearbook for Ethnomedicine 3: 113-132. pp.115, 117.

¹² Groark, Kevin P. Summer 1996. Ritual and Therapeutic Use of "Hallucinogenic" Harvester Ants (*Pogonomyrmex*) in Native South-Central California. Journal of Ethnobiology 16 (1): 1-29.

Quechua and softly spoke instructions about how to transform one's self into plants, animals, and minerals. Thus the child learned at an early age how to actively invoke the stereotyped conventions of this pre-Columbian religion.

Schultes reported that ayahuasca was used in the northwest Amazon "to fortify the bravery of male adolescents who must undergo the painful *yurupari* initiation ceremony."¹³ A neurologist named Russo observed:

Many South American indigenous groups introduce ayahuasca or other entheogens at a young age, and I saw this myself with the Machiguenga tribe in Peru.

What I can say about this is that Machiguenga children (boys) have this experience as an integral part of their religious upbringing. It is part and parcel of their world concept and manner of living. Ayahuasca (kamarampi) is a window on enlightenment, a portal to divination, and a teacher of plant, hunting and spiritual knowledge. The kids accept it in that context and none see it as a "kick" the way American youth might brag about sneaking a swig of bourbon from the old man's stash. Rather, they enjoy it for the same reason other members of the tribe do: it is a thrilling experience that binds the tribe in their philosophy and mutual interdependence to survive and thrive in an eternally challenging environment.

Do I recommend a similar experience for our youth? Certainly not! The reason is that the set and setting for too many Western people to have their first psychedelic experience is horrendously uncontrolled. Urban noise, decay, and legal paranoia serve to teach little except how scary such an experience can be. There is no substitute for a good guide in a harmonious environment to assure the psychedelic session is "entheogenic" rather than "hallucinogenic".

When asked why the Machiguenga encourage boys but not girls to take ayahuasca, Russo replied:

It may be a cultural/gender thing, sports vs. dolls, or like that. Many tribes have taboos against women using it before menopause. The Machiguenga don't. It is not unusual in rural Peru for woman to use ayahuasca during labor! Boys start relatively young, I'd gauge at age 9.¹⁴

The tribal custom of introducing children to ayahuasca is continued by the mestizo congregations of some Brazilian churches. An anthropologist from Rio stated:

In Brasil, in Santo Daime cults, the mothers drink Daime (ayahuasca) from the first month until the childbirth during which the mother drinks a strong dose of the brew. No adverse effects. I personally know many 10- to 12-year-old children

¹³ Schultes, Richard Evans. 1972. *An Overview of Hallucinogens in the Western Hemisphere.* pp.3-54 in *Flesh of the Gods: The Ritual Use of Hallucinogens.* Peter T. Furst (ed.). Praeger Publishers, Inc. New York. p.35

¹⁴ Ethan Russo, M.D. Internet posting and personal communication. 1999.

who have been taking ayahuasca from the womb and they seem to be more serious, responsible and sensitive people than the other children. Of course, this could be only a cultural trait because people in the Daime church are like this. Just one month ago, my very close friend had her first baby. She had taken ayahuasca from the first month until the birth, also she took ayahuasca during the delivery. She told me that under the effects of ayahuasca she had been able to see the spirit who had incarnated as her son and understood the karmic relation between herself and her baby. Also in the same church, marijuana is a sacrament. I have seen some fathers blowing marijuana smoke on their babies as a blessing. Children start to smoke marijuana very early, at 7-years-old sometimes, and the only adverse effect I saw is that the children have the tendency of being more fond of the marijuana than the adults who are more controlled. Children have the tendency to smoke marijuana out of the ritual context also, something the adults avoid. I personally think it's better if the mother avoids any psychoactive substance, even caffeine. You have to give your children the right to choose, wait until your children have some discernment, give them all the information you can, then let them do what they want.¹⁵

In the UDV, another Brazilian ayahuasca church, young children are often given a spoonful of ayahuasca as a sort of preparation before they reach an age for full-scale initiation. Jodi Lang Santry has worked on an investigation entitled Hoasca and the União do Vegetal (UDV): A Comparative Study with Adolescents. This study is on UDV members aged 14 to 18 who have been taking ayahuasca since *in utero*. Santry was inspired to do this project after observing that the UDV children were radiant, and seemed to have experienced positive life-enhancing benefits from consuming ayahuasca in structured ceremonies. He noted "School teachers of this religious community have stated that the UDV students within their classrooms express more altruistic and creative behaviors than students who are not members of this community." Santry hoped that the findings from this study would yield "the potential for significant insights into fostering healthy spiritual and psychological development for all adolescents."¹⁶

Datura

Among the Tsonga tribe of Mozambique and northern Transvaal, the female puberty initiation ritual culminates in the ingestion of *Datura fastuosa*. The primary purpose of the ritual is to prevent infertility, which is believed to be caused by the spells of witches. Preliminary training for this ceremony involves having the girls pair up to stretch each others labias, performing tasks symbolizing women's horticultural duties, and ritual defloration with a musical kudu horn. The rite itself involves dances, songs, acting out dramas heavily charged with sexual and obstetric symbolism, and purification. The girls lie on the ground wrapped in blankets. Older women, dressed in traditional ritual attire, bring out the potion made of *Datura* mixed with human fat or powdered human bone. The initiates reported hearing voices and seeing visions, sometimes of ancestor deities. Johnston, an anthropologist, explicitly noted that the hearing of voices during

¹⁵ Pedro Fernandes Leite da Luz. Some grammatical and spelling errors have been corrected in this 1998 internet posting because the author was not a native-speaker of English.

¹⁶ Sandry, Jodi Lang, M.Ed., M.A. Autumn 1996. Hoasca and the União do Vegetal (UDV): A Comparative Study with Adolescents. Maps newsletter 6 (4).

the *Datura*-induced altered state of consciousness provided an opportunity for the women supervising the ceremony to use the girl's hyper-suggestibility for authoritative indoctrination. The ritual is evidently effective due to the older women coaching the girls into accepting certain culturally patterned motivations, attitudes, and expectations. Johnston comments "Tsonga puberty school novices emerge without exception from the *Datura fastuosa* ingestion rite as mature women of their group, tempered to fulfill the social role demanded of them in an exacting traditional society."¹⁷

Jacobs summarized male puberty initiation rites involving *Datura* among the Powhatan of Virginia, and in California among the Kitanemuk, the Pass Cahuilla, the Mountain Cahuilla, and the Luiseno. In California, adolescents of both genders participated in rites conducted by the Yokuts, Western Mono, and Chumash. The intervention by elders in influencing the initiate's memory during the recovery from *Datura*-induced amnesia probably facilitated ideological programming.¹⁸ Schultes reported:

The Algonkian Indians of eastern North America administered *wysoccan*, an intoxicating medicine containing Jimson weed, or *Datura stramonium*, to youths about to undergo initiation into manhood. The boys experienced a kind of violent madness for twenty days, lost all memory, unliving their former lives and starting adulthood by forgetting that they had ever been children. California and Southwestern tribes similarly employed *Datura innoxia* (*D. meteloides*) or *toloache* in initiation rites. The Yumas took this drug to gain occult powers during these rituals, and the Yokuts valued it in a spring ceremony to ensure future good health and long life to adolescent initiates. The Luiseño gave it to youths who danced, screaming wildly "like animals," and finally fell into a stupor to find their adult life.¹⁹

A cluster of small tribes in southern California were collectively referred to as the "Mission Indians". A historian recounts:

The Mission Indians wished their young men to have dreams and guardian spirits, but, instead of asking them to fast and pray for a vision, they produced it by a drink made from the pounded root of Jimson weed (*Datura stramonium*). It was the tribes nearest the coast, especially the Luiseño and Diegueño, who did this, perhaps learning from older tribes, but they made of it a solemn ritual. Each boy was cared for by a man who had himself taken the drink in his youth. This guardian held his head that he might not drink too much out of the magical steatite bowl, then marched and sang with him, and finally laid him down with

¹⁷ Johnson, Thomas F. 1972. "Datura fastuosa: Its Use in Tsonga Girl's Initiation". Economic Botany 26: 340-351.

¹⁸ Jacobs, D. 1996. The Use of *Datura* Species in Rites of Transition. Yearbook of Cross-Cultural Medicine and Psychotherapy 1995: 341-351. VWB – Verlag für Wissenschaft und Bildung. Michael Winkelmann & Walter Andritzky (eds.).

¹⁹ Schultes, Richard Evans. 1972. An Overview of Hallucinogens in the Western Hemisphere. pp.3-54 in Flesh of the Gods: The Ritual Use of Hallucinogens. Peter T. Furst (ed.). Praeger Publishers, Inc. New York. pp.46-47.

the others in a little inclosure, where they were to sleep and dream. Some might have dreams so powerful as to make them shamans.²⁰

Steward commented on one tribe from Chile and another from Ecuador:

Among both the *Mapuche-Huilliche* and the *Jívaro*, *Datura* is administered as a correctional measure of last resort to very unruly children: among the former, as a mixture of crushed *Datura* seeds and parched maize, to produce partial intoxication, in which state the children are lectured; among the latter, in liquid form to boys after a 2-day fast in order that the spirits of their forefathers may properly admonish them in the ensuing dreams and visions.²¹

Pointing out an ironic contrast with U.S. norms, Harner emphasized “This is a culture where a parent may threaten to give a child a hallucinogenic drug if it misbehaves.” Young Shuar (Jivaro) may also take *Datura* under the supervision of an elder in order to contact arutam spirits. Harner also stated that a hallucinogen called “tsentsemā” was given to infants by the Shuar.²² According to Anank Nunink, father of the current president of the Shuar tribe, the correct name for this plant is “tsentsemp”. The fragrant leaves are crushed by rolling between the palms, then they are soaked in water. Tsentsemp is actually a powerful purgative rather than a hallucinogen, and infants are only given a small dose, a tiny drop on the tongue.²³

Lophophora williamsii

Adolescents often actively participate in the Native American Church. Younger children are less likely to consume peyote at road meetings, although one of the first Navahos to use peyote started at age ten.²⁴ In the Four Corners reservation, Navaho youths consume a small amount of peyote at an annual ceremony to ensure that the students have academic success in the coming school year.

Occasionally, American Indians administer peyote to young people hoping to cure an illness or injury. Guy Mount directed a now-defunct non-profit organization called Friends of the Peyote Road. He was also a teacher at Lincoln Continuation High School, which specialized in “problem students”. Late one night, he received a phone call from a Navaho nurse named Ann. She was the mother of John, one of his students. John had been clubbed with a 2 X 4 in a gang fight. He refused to go to a hospital because he was afraid of being forced to file a police report. Mr. Mount volunteered to treat the boy with peyote. The mother drove fifty miles to Mount’s

²⁰ Underhill, Ruth Murray. Red Man’s America: A History of Indians in the United States. University of Chicago Press. Chicago. 1953. p.277.

²¹ Cooper, John M. 1963. Stimulants and Narcotics. Handbook of South American Indians V: 525-558. Julian H. Steward (ed.). Cooper Square Publishers, Inc. New York. pp.555.

²² Harner, Michael J. The Jívaro: People of the Sacred Waterfalls. University of California Press. Berkeley, Los Angeles, London. 1972. pp. 84, 90, 137-138.

²³ Anank Nunink. personal communication. January 2002.

²⁴ Aberle, David F.; Stewart, Omer C. March 1957. Navaho and Ute Peyotism: A Chronological and Distributional Study. University of Colorado Press. Boulder CO. p. 113.

house. He recalls:

John's wound was terrible. His scalp was center-cut down the middle, down to the bone. The open wound was gray, pus-filled and street dirty, and slowly pumping blood. I gave John a button to eat and pray with, while I squeezed fresh peyote juices into the open cut. The bleeding stopped right away. The color turned from gray to pink. And within an hour John was sitting up straight, singing a song. We washed his hair and kept the wound full of juice. By dawn, Ann said the scalp scab looked better than stitches.²⁵

Huichol Indians sometimes begin taking peyote around age 6.²⁶ The Huichol believe that the best time to begin learning how to use peyote is during early childhood. Children should have reached "the age of understanding", and have adequate linguistic expression to be able to articulate their experience. Rather than fix a chronological age for initiation, the maturity and interest and personal circumstances of each child are individually considered. The Huichol find that pre-pubescent children are better able to integrate the peyote experience than an adolescent who is dealing with the disorientation of physical and sexual maturation, or an adult whose mind is already rigid.²⁷ The ability of young children to better manage small to moderate doses of hallucinogens might be due their having more flexible ego boundaries than older persons.

Schaefer published a photograph with the comment "this woman is 9 months pregnant and consumed large quantities of peyote on the pilgrimage. Her baby was born healthy and with no difficulties." Another photograph was of a Huichol girl who had just graduated from the 6th grade who consumed peyote with her family.²⁸ Schaefer described a 12-year-old Huichol boy who took peyote with his family. He lay down covered in a blanket while having a vision of snakes slithering all over the room, completely covering him and curling around his blanket. Knowing that his family was nearby, the boy introspected during this intense experience. Schaefer commented "I would say that peyote is meaningful because it unifies family and community members; and that it serves an enculturative purpose, instilling and reinforcing the importance of cultural beliefs and values, as well as a collective shared worldview."²⁹ She reported that children who react pleasurably to their first taste of peyote are those who are most likely to become mara'akáme (shaman), adding:

²⁵ Mount, Guy (editor). The Peyote Book: A Study of Native Medicine. Sweetlight Books. Cottonwood, CA. Third Edition, 1993. pp. 29, 83.

²⁶ Dorrance, David L., M.D.; Janiger, Oscar, M.D.; Teplitz, Raymond L., M.D. 20 October 1975. Effect of Peyote on Human Chromosomes: Cytogenetic Study of the Huichol Indians of Northern Mexico. Journal of the American Medical Association 234 (3): 299-302. p. 299.

²⁷ Negrín, Juan. personal communication. 1990s.

²⁸ Schaefer, Stacy. 1995. The crossing of the souls: Peyote, perception and meaning among the Huichol indians of Mexico. integration: journal for mind-moving plants and culture 5: 34-50. bilwis verlag eschenau publisher. Knetzgau, Germany. pp.38, 43.

²⁹ Schaefer, Stacy B. Spring 1996. The Crossing of the Souls: Huichol Perceptions of Peyote. Shaman's Drum 41: 29, 34.

Huichols, like participants in any society, begin learning about their culture at birth. The fact that they are introduced to peyote, first while in the mother's womb, then through her milk, and finally by actually ingesting the sacred cactus, has definite effect on how children see the world, and how they learn to interpret these phenomena. I have noticed a marked change in the behavior of children after they have received small doses of peyote via their mother's milk. They become very calm, smiling often, and occasionally grabbing into the air at what I believe must be imaginary objects and colors. Several women confirmed my observations, stating that the disposition of their children does indeed change if they nurse at a time when they have been consuming peyote.

Huichol children, even before they reach the age where they will eat enough peyote to dramatically change their conscious state of mind, are well clued-in to what they can anticipate to experience (Eger 1978:41-43). They learn about this when family members talk of their peyote experiences, or when they hear temple members give accounts of their inner experiences before the leading *mara'akáme*. Brilliant peyote-induced phosphene designs surround them in their daily life in woven and embroidered clothing, belts and bags - even in the yarn and bead artwork Huichols make to sell. The fact that they actually see many of these same phosphene images under the influence of peyote gives credence to the worldview that Huichols have constructed around the peyote. Combined with this is the *peyote* pilgrimage itself. Mothers who are still nursing or have children two years or under, prefer to take them along wherever they may go. This includes the journey to Wirikúta, where children, like all members, become pilgrims and actively participate in the sacred rituals....

Peyote and the pilgrimage to Wirikúta have a powerful influence on unifying the family as well as the temple community and all of its members.³⁰

Egar wrote:

Through their observance of and participation in the ceremonies, children come to understand the sacredness of peyote and learn to esteem it at a very young age. Most children, although given peyote to taste and to play with when they become curious about it, do not actually consume it in doses large enough to produce visions until at least eight years of age. But because of the frequency with which the children attend the ceremonies and watch the performance of ceremonial duties, by the time they actually do partake of peyote, they are sufficiently clued in to be able not only to experience prototypical, expected visions but to interpret them with some degree of accuracy and to remember their significance. As soon as they are given responsibilities in the religion, they begin teaching their younger siblings. Children can begin their training toward the priesthood at the young age of ten and, if they stick to it, be fully initiated *mara'akame* by the age of twenty.³¹

³⁰ Schaefer, Stacy B.; Furst, Peter T. 1996. People of the Peyote: Huichol Indian History, Religion, & Survival. University of New Mexico Press. Albuquerque NM. pp.161-162.

³¹ Eger, Susan; Collings, Peter R. 1978. Huichol Women's Art. pp. 35-53 in Art of the Huichol Indians. Kathleen Berrin (ed.). Fine Arts Museum of San Francisco / Harry N. Abrams, Inc. Publishers, New York. p.43

In the beginning of the 20th century, supporters of anti-peyote legislation depicted the cactus as an addictive narcotic that contributed to the physical, spiritual, and economic degeneration of American Indians. One of these articles stated:

It is said that children of mescal-eaters die in remarkably large numbers in their first year – a fact not difficult to understand when one reads that peyote tea is given to new-born babies; is poured into the ears of children as a cure for various ailments. From even government schools the children steal away to peyote meetings, and teachers say that such children “are incapable of study, even mentally deficient, for several succeeding days.”

“Its free and indiscriminate use among Indians,” writes an officer of the Indian Service, “is just as bad as if in one of your white public schools children were allowed to get the cocain [sic] or opium habit.”³²

A high infant mortality rate on impoverished Indian reservations at the turn of the century can hardly be blamed on peyote. Also, if students could not study after running away from residential schools to attend the nocturnal religious gatherings, then that might be due to being homesick or tired from staying awake all night, rather than being a symptom of toxicity. Peyote has caused physical toxicity to only one human being, a single end-stage alcoholic who died from vomiting while trying to use the medicine to cure his addiction.³³

Nicotiana

Tobacco, the most widely revered sacred plant in the New World, was used by some Native American tribes in boys’ puberty initiation ceremonies. The Jivaro used it to give advice to young boys.³⁴ Quiche ayahuasqueros in Ecuador chant blessings while blowing tobacco smoke onto the top of their children’s heads. This introduces the children into religious beliefs years before they actually consume ayahuasca. The Iroquois Indians administered a tea made of *Nicotiana rustica* “To cure insanity caused by masturbation.”³⁵ Presumably this treatment targeted youngsters rather than adults. Pituri (*Duboisia hopwoodii*), an Australian Solenaceous plant with an alkaloid profile similar to tobacco, was a drug used primarily by old men. Speculations about the use of pituri in aborigine pubertal circumcision and subincision rituals

³² Seymour, Gertrude. June 1916. Peyote Worship – An Indian Cult and a Powerful Drug: By Gertrude Seymour, in The New York Survey. The Red Man: An Illustrated Magazine Printed by Indians. pp. 341-351. p.347. Note: “cocaine” is misspelled in the original document.

³³ Nolte, Kurt B., M.D.; Zumwalt, Ross E., M.D. June 1999. Fatal peyote ingestion associated with Mallory-Weiss lacerations. Western Journal of Medicine 170: 328.

³⁴ Dobkin de Rios, Marlene. 1984. Hallucinogens: Cross-Cultural Perspectives. University of New Mexico Press. Albuquerque NM. p.45, and p.46 citing:

Karsten, Rafael. 1935: 241-242 or 293-294. Headhunters of the western Amazonas: Life & Culture of Jivaro Indians of Eastern Ecuador and Peru. Societas Scientiarum Fennica. Helsinki. [Note to Jon and Sylvia: the lower-case “w” and the unusual spelling of Jivaro are correct in this title]

³⁵ Herrick, James W. 1995. Iroquois Medical Botany. Syracuse University Press. Syracuse NY. p.200.

appear to be unsubstantiated by any credible scholarship.

Psilocybe Mushrooms

In 1955, ethnomycologist R. Gordon Wasson went to Mexico to participate in a Mazatec mushroom velada. Maria Sabina and her daughter led this ceremony as they tried to cure a young man. Seeing that families attended these rituals, a week later Wasson shared *Psilocybe* mushrooms with his wife and their eighteen-year-old daughter.³⁶ Maria had begun taking *Psilocybe* between the ages of five and seven. She had seen curanderos using the mushrooms in ceremonies, so she and her sister frequently picked and ate the fungus on their own initiative. When Maria's mother and grandfather found the little girls "bemushroomed", they gently carried the children home, sensitive to their impressionable state.³⁷ This contrasts to the treatment parents in the United States are likely to give upon encountering their children in similar circumstances. In the U.S., many parents would traumatize their children by having an ambulance rush the kids to the hospital to have their stomachs pumped.

Sophora secundiflora

According to an Indian legend from past centuries, 15-year-old boys consumed toxic *Sophora* seeds to induce unconsciousness during ritual initiation into the Wichita Deer Society. The visions at the end of the ordeal were probably due not to the "mescal beans", but rather to cultural expectations inculcated since infancy, deprivation of sleep and food, and prolonged ceremonial dancing, singing, and drumming.³⁸ In recent years in Texas, some Native American adolescents suck on boiled *Sophora* seeds for recreational purposes.

Tabernanthe iboga

Pope reported that boys in various west African tribes used iboga in ceremonies supervised by their priest, fathers, and uncles.³⁹ In Gabon, children participate in the nocturnal ngozé rituals in which members of the Fang tribe consume iboga.⁴⁰ Samorini observed that in the Bwiti religion "This *iboga* baptism may be experienced at any age, as is the Catholic baptism. Currently, in some sects there is a tendency to initiate relatives, especially their children, from ages 8 to 10, which is followed by a second initiation as adults." Initiation involves consuming a large dose of iboga while being supervised by temple members. Samorini also noted that the Bwiti leader Owono Dibenga Louis Marie "has during the past few years created the 'Iboga Youth

³⁶ Wasson, R. Gordon. 13 May 1957. "Seeking the Magic Mushroom". Life Magazine. <http://mir.drugtext.org/druglibrary/schaffer/lsd/lifep6.htm>

³⁷ Estrada, Álvaro. 1981. María Sabina: Her Life and Chants. Ross-Erikson Inc., Publishers. Santa Barbara. p. 40.

³⁸ Hatfield, G.M.; Valdes, L.J.J.; Keller, W.J.; Merrill, W.L.; Jones, V.H. July-August 1977. Investigation of *Sophora secundiflora* Seeds (Mescalbeans). Lloydia 40 (4): 374-383. pp.380-382.

³⁹ Pope, Harrison G., Jr. April-June 1969. *Tabernanthe iboga*: an African Narcotic Plant of Social Importance. Economic Botany 23 (2): 174-184. p.180.

⁴⁰ Samorini, Giorgio. 1993. "Adam, Eve and Iboga". integration: journal for mind-moving plants and culture. No. 4: 4-10. Bilwis-Verlag Eschenau. Knetzgau, Germany. p.8. Note: The word "Fang" is properly pronounced "Fong".

Movement', so that the new generations may get better acquainted with the Buitist creed.'⁴¹
Three French researchers explained:

The Bwiti initiation, among the Mitsogho, concerns essentially the passage from adolescence to manhood, hence the necessity of eliminating the epigenetic elements of childhood and adolescence in order to reprogram in the young man a new ego corresponding to the cultural norms of the tribe.

To achieve this, the Mitsogho call on the instrumental deprivation of sleep, as the initiation lasts for days without sleep or food, as well as on pharmacological deprivation through the chewing of iboga.

... The neophyte will have to face initiatory (or real) death that will enable him to gain access to the things of the beyond.

He can do so only if he has been properly prepared and, especially, if his motivation is sufficient.⁴²

In 1950, a child died from consuming too much iboga.⁴³

Embryonic Journey

Some Huichol women use peyote throughout their pregnancies without any difficulty, but others feel abdominal discomfort during their first trimester. Some Huichol women believe they will miscarry if they consume peyote during the first trimester unless a shaman blesses both the woman and the cactus. Schaefer suggested that the use of peyote during pregnancy may provide the adaptive benefit of stimulating the development of the fetus's sensory, cognitive, and reflexive abilities, and perhaps facilitating communication between mother and unborn child.⁴⁴ If true, procedures should be developed to exploit these properties. Mescaline does not produce birth defects in laboratory animals. A medical study that determined that peyote does not cause chromosome damage to Huichol peyote users also concluded, "The physician responsible for the Indians' health care is of the clinical impression that no increase in congenitally malformed offspring exists among peyote users. This despite the fact that the drug is used freely by pregnant women."⁴⁵ The collective observations of Huichol culture for over 1600 years, as well

⁴¹ Samorini, Giorgio. 1995. The Buiti religion and the psychoactive plant *Tabernanthe iboga* (Equatorial Africa). integration: journal for mind-moving plants and culture No. 5: 105 -114. Bilwis Verlag Eschenau Publisher. Knetzgau, Germany. pp.109, 112.

⁴² Goutarel, Robert; Gollnhofer, Otto; Sillans, Roger. 1993. Pharmacodynamics and Therapeutic Applications of Iboga and Ibogaine. Psychedelic Monographs and Essays 6:70-111. Online at: The Ibogaine Dossier [<http://www.ibogaine.org/bwiti1.html>], accessed 26 January 2002.

⁴³ Fernandez, James W. 1972. *Tabernanthe Iboga: Narcotic Ecstasy and the Work of the Ancestors*. pp. 237-260 in Flesh of the Gods: The Ritual Use of Hallucinogens. Peter T. Furst (ed.). Praeger Publishers. New York, Washington. p.248.

⁴⁴ Schaefer, Stacy. 1999. Pregnancy, Children and Peyote in Huichol Culture. Botanical Preservation Corps. Sebastopol CA. Cassette tape of lecture at San Francisco Entheobotany Conference.

⁴⁵ Dorrance, David L., M.D.; Janiger, Oscar, M.D.; Teplitz, Raymond L., M.D. 20 October 1975. Effect of Peyote on Human Chromosomes: Cytogenetic Study of the

as the medical evidence, concur that peyote does not injure fetuses – at least during the last two trimesters. Therefore, research should be undertaken to determine under what circumstances mescaline might be useful for enhancing prenatal development.

A California mother stated:

I have heard a considerable number of first-person and confidential accounts from women who had taken psychedelics (mostly LSD, but some reported mushrooms, ayahuasca, 2C-B and peyote) during their pregnancies. Most ingested these substances prior to the time they knew they were pregnant (usually the first trimester) but some took them intentionally in later pregnancy. Not one woman said they regretted this or mentioned any birth defect or mental deficiency that they associated with such use and virtually every woman felt that the resulting child had a positive, special quality, usually defined somewhat loosely like “greater awareness” or intelligence. Some also mentioned that they felt a closer bond to the child as a result.

After considering the evidence and reports, I personally tend to think that occasional, low dose use of unsmoked marijuana (i.e. eaten in baked goods), and low doses of LSD (<100 μ) would probably have little to no long-term negative impact, especially in later pregnancy. However, as a caution, have heard some anecdotal reports of miscarriages occurring during or just after stressful, high dose (~500 μ) LSD trips in very early pregnancy. I would also personally not recommend MDMA or datura, especially in the first trimester, due to their relatively high toxicity/effective dose ratio. I would also not be tempted to risk the higher body-load psychedelics like ayahuasca, peyote or morning glories, especially in the first trimester when nausea is often enough of a challenge.

Regarding labor assistance, according to our midwives, a number of women choose to ingest or inhale marijuana to ease the pain and stress of childbirth (LSD might also be useful for this due to its pain-killing properties). Also, nitrous oxide (mixed with oxygen) has sometimes been used to reduce the pains of labor and seems quite effective in doing so.⁴⁶

Regarding the use of other psychedelics by pregnant women, Ott stated, “The morning glory seeds and LSD are strongly uterotonic, that is, they tend to cause contraction of the uterus. As such, use of these drugs should assiduously be avoided by pregnant women”.⁴⁷ While pregnant women should avoid some ergot derivatives, a low to moderate dose of LSD is unlikely to have any pharmacological action causing uterine contractions. It has been suggested that naive LSD users might miscarry due to having a panic attack or reliving their own birth. Also, women taking high doses of LSD have had miscarriages due to psychological stress. Therefore, pregnant women self-experimenting with those psychedelics that do not have direct toxicity should still be experienced users and should only use low to moderate doses.

Huichol Indians of Northern Mexico. Journal of the American Medical Association 234 (3): 299-302. p.302.

⁴⁶ Dee, Alice. personal communication. 15 February 2002

⁴⁷ Ott, Jonathon. 1993. Pharmacotheon: Entheogenic drugs, their plant sources and history. Natural Products Co. Kennewick WA. pp. 140-141.

LSD (which has successfully been given to at least one pregnant woman undergoing psychotherapy) has also been used in our modern society to assist with labor:

On a recent day a young woman gave birth to her first child, an eight-pound boy, in the privacy of her home. The birth site was her choice and her husband's.

Yet it was not the site that made this particular event something special. Rather it was this:

The mother had taken a small dose of LSD when she felt the labor pains begin.

Her husband was with her throughout. Her doctor was there, too. At her request, and with full knowledge of what she would be doing, he had consented to deliver the child.

The delivery was excellent, the baby showed no ill effects from the LSD and the mother reported it had eased her pain. But she had not taken it to avoid the pain. She had taken it for the same reason many others in this city have taken it - for the very intense, very personal experience it promised. Later she was to call the birth the most profound event of her life.⁴⁸

Another woman posted this account on the internet in 1998:

My middle child was conceived and delivered on mescaline.

She is 28 now, the mother of two healthy grandsons. Jessica is very beautiful intelligent critical thinker who mothers with a good deal of compassion and empathy.... I cannot attribute all her amazing capacities to those two capsules I ingested so long ago, nor to any orange sunshine I may have tasted that summer of love. So much else happened since.

We always had a lot of clean air and sunshine, the right foods. There were always mountains. There were always problems, and their creative resolution. There was always love.

Chumash Indian women used *Datura* to have courage during childbirth,⁴⁹ apparently consuming the plant before pregnancy, rather than during labor. Women in the U.S., both Native American and Caucasian, have reported good results using peyote during labor.⁵⁰ Peyote has been used by mothers during childbirth in the Kiowa, the Menomini,⁵¹ and other tribes. This undoubtedly influences the baby's experience of being born. A 1970 study of natural childbirth practices in the psychedelic communes of Northern California found that cannabis was the only drug being

⁴⁸ Stafford, P.G.; Golightly, B.H. 1967. LSD: The Problem-Solving Psychedelic. Award Books, New York; Tandem, London. p.118-119. This quote reprinted from an article on LSD by Jay Levin in *The New York Post*, June, 1966.

⁴⁹ Appelgate, Richard B. Summer 1975 The *Datura* cult among the Chumash. Journal of California Anthropology 2 (1) 7-17. p.9

⁵⁰ Mount, Guy. 1987. The Peyote Book: A Study in Native Medicine 2nd Edition. Sweetlight Books. Arcata CA. pp. 22-27.

⁵¹ La Barre, Weston. 1975. The Peyote Cult. 4th edition enlarged. Archon Books. New York. p.28, 206.

used by mothers during labor.⁵² Some obstetricians have used LSD during natural childbirth. In the 1960's, a woman named Karen went into labor at the end of an LSD session. She reactivated the dwindling psychedelic effects by smoking cannabis. Karen was supervised by an obstetrician who had used LSD in four or five home deliveries. His procedure was to screen women who were not likely to have complications, and who had previous psychedelic experiences. The LSD enabled childbirth without the use of anesthetics. When the mothers resisted the psychedelic effect, the contractions were painful. However by going with the flow, the mothers' bodies automatically assumed the appropriate rhythm. Karen reported that between contractions, she relaxed by hallucinating into the paintings on the wall. The LSD did not eliminate the pain, but it distracted her so that the pain did not hurt. The LSD allowed her to concentrate on relaxation and breathing. The doctor coached her on how to breathe when she forgot the proper rhythm. Following the delivery, the mother felt relaxed and energized. After the birth, the baby was not groggy because no surgical anesthetics had been used. Therefore the newborn did not need to be slapped to begin breathing.⁵³

Psychedelic Family Values

Many Americans who would otherwise want to legalize drugs suddenly support the prohibition when they hear speeches about the menace to our youth. Most advocates for the repeal of the Controlled Substances Act always invoke a disclaimer that psychoactive substances should still be regulated like alcohol to keep them away from minors. This disclaimer is not just a political ploy, because relatively few Americans believe that children could benefit from tripping. Nevertheless, it is incontrovertible that the intense emotional charge around the subject of young people and drugs indicates a cultural denial of certain positive potentials. Therefore, it is worth exploring entheogen use by modern juveniles.

Until the late 1960s, psychedelic psychotherapy was administered to some disturbed children whose mental illness was so serious that the potential risks were regarded as offset by the possible benefits.⁵⁴ Some minors also participated in non-clinical scientific experimentation. A 1947 Latin American pharmacological assessment of the mescaline-containing San Pedro cactus included subjects as young as 16.⁵⁵ Between 1954 and 1962, Dr. Oscar Janiger, a Los Angeles psychiatrist, conducted a non-clinical naturalistic study of the phenomenological nature of the LSD experience. Five or six of his approximately 900 subjects were as young as age six or

⁵² Smith, David E., M.D.; Sternfield, James L. September 1970. Natural Childbirth and Cooperative Child Rearing in Psychedelic Communes. The Journal of Psychedelic Drugs 3 (1): 120-124. p.122.

⁵³ Harvey, Karen & Ronald. 1968. Ecstatic Childbirth. Chapter 20 (pp.224-253) in The Ecstatic Adventure. Ralph Metzner (ed.). The MacMillan Company. New York. 1968.

⁵⁴ Rhead, John C., Ph.D. April-June 1977. The Use of Psychedelic Drugs in the Treatment of Severely Disturbed Children: A Review. Journal of Psychedelic Drugs 9 (2): 93-101.

⁵⁵ Gutiérrez- Noriega, Carlos; Cruz Sánchez, Guillermo. "Alteraciones mentales producidas por la '*Opuntia cylindrica*'." Revista de Neuro-Psiquiatría 10 (4): 422-468. 1947. Cited in: Trout's Notes: Sacred Cacti and Some Selected Succulents: Botany Chemistry Cultivation and Utilization. K.Trout. Narayan Publications. Sedona, AZ. 1997. P.92 Note: *Opuntia cylindrica* was a misnomer for *Trichocereus pachanoi*.

seven. All of the children participated with the consent of their parents, who were also subjects or who were familiar with the research.⁵⁶ Myron Stolaroff of the International Foundation for Advanced Study gave LSD to two young children of a philosopher who taught at Stanford University; one of them had some positive changes while the other showed no after-effects.⁵⁷

Since the 1960s, most young psychedelic users in industrialized societies have been introduced to mind-expanding substances within a youth subculture. These illicit drugs have been of unregulated purity and potency. Adult society has systematically deprived young people of the preparation and supervision that are necessary to maximize benefits and minimize risks. Consequently, some young people have drug problems that could have been avoided. Dobkin de Rios & Grob noted that, in contrast to indigenous traditions, elders in our society do not offer young drug users “any beneficent or guiding adult presence, thus increasing the likelihood of disorganizing and dangerous consequences.”⁵⁸ If all of the resources that are currently squandered on the ineffectual prohibition of psychedelics were redirected toward developing psychedelic training centers, then young people would be able to use these drugs in a responsible positive way. It is dangerous to fail to prepare a young person for their inevitable encounter with the opportunity to use entheogens. The following account is by a neuropsychologist. She helped prepare protocols for psychedelic experiments and had met many of the scientists who were involved in psychedelic research. She declined to “turn on” her son, despite being well-qualified to do so:

When I was a teenager in the 1960’s, I decided I wanted to try LSD after reading about it in Life magazine. I took acid for the first time when I turned sixteen; it was a birthday gift from my brother. I had a wonderful trip in my family’s house. By the time my son became a teenager, I had read a lot about psychedelics and was well-informed on the subject. When my son became interested in drugs, I wanted to turn him on. But that was back when the Drug War was in full force; the DARE program was training kids to turn in their parents to the police. I was afraid if I gave him supervision, he might say something to somebody that could get me arrested or cause my license to be revoked. But he went ahead and did it on his own. First he smoked pot. When he took one puff of pot he felt good, when he took six puffs of pot he felt even better. He felt good when he took one hit of acid, so he took six hits hoping to feel even better. Then he had a horrible trip. He was howling at the moon when the police picked him up. He spent the night in a psychiatric ward and was treated horribly by the staff. He was okay the next day, but the whole terrible scene could have been avoided if I had been allowed to turn him on.

⁵⁶ Doblin, Rick; Beck, Jerry, Ph.D.; Obata, Kate; Alioto, Maureen. 1999. “Forty Year Follow-Up to Dr. Oscar Janiger’s Pioneering LSD Research”. Maps newsletter XI (1): 4-23. p.10.

⁵⁷ Stolaroff, Myron. 31 May 1997. Pre-conference interview for Gathering of the Elders: An Invitational Conference sponsored by the Institute of Noetic Sciences and the Fetzer Institute. 19-22 November 1998. Kalamazoo Michigan. pp. 21-22.

⁵⁸ Dobkin de Rios, Marlene; Grob, Charles S. 1994. Hallucinogens, Suggestibility and Adolescence in Cross-Cultural Perspective. Yearbook for Ethnomedicine and the Study of Consciousness 3: 113-132. Dr. Christian R tsch & John R. Baker (eds.). pp. 127-128.

Some parents are willing to provide the guidance necessary to protect the well being of their children. Consider the following examples from northern California families that were interviewed in the 1990s. These families were middle to upper-middle class, with highly educated parents. (In northern California, some lower-middle class families also introduce their children to psychedelics; these families tend to devalue education and live where marijuana cultivation forms the basis of the local economy.) To protect the confidentiality of the families, publication of these interviews was delayed until all children had reached age 18.

A middle-aged university employee, the author of books about sacramental plants, stated:

My daughter always knew that I used psychedelics because there are books about it all over the house, and I regularly attend conferences and seminars on the topic. When she entered junior high school, we made it clear to her that the biggest lie she would ever encounter was the propaganda that the schools teach about drugs. So she understood that the government's Drug War is a pernicious scourge: a Mafia-style campaign to screw people. When she became a teenager, I asked her to inform me if she ever decided to take one of these drugs. I told her that I could help her prepare, not in an intrusive way, but in a manner that would enable her to take it in the best circumstances so it would be useful. The first time can be definitive in establishing a person's relationship with that state-of-consciousness. I told her that it was important to take it in the intimate company of people she trusted, not in some noisy public situation like a rave. Our family would never take psychedelics together, because the parent/child boundaries are established on other bases. For myself, the psychedelic experience is so overwhelmingly sexual; it would be a distraction for me to take it with my daughter. Anyway, about six months after my wife died, my daughter called me from a state park where she was camping with her boyfriend. She said that they were planning to take MDMA together. She was calling because she had promised to let me know. I told her that sounded like an acceptable situation. It turned out that what they took was not real MDMA. From their description of its effects, I assume it was some kind of speed. She needed to have access to reliable material, so I gave her most of my personal supply of MDMA for her twentieth birthday. She had a mellow experience with her boyfriend. She does not drink because she considers alcohol to be an inferior drug. In contrast to the way I was at her age, she has no curiosity about internal mental states. For her MDMA was just good for getting a more honest relationship with her boyfriend. If she is ever ready to go deeper, we can work together so she can try LSD. She understands that I am a good source of information. In fact, I'm surprised at how little her friends know about psychedelics.

An U.S. federal prosecutor recounted:

I was having trouble communicating with my teenage daughter. We took MDMA together, hoping it might help our relationship. My daughter started crying. She said I never really listened to her. Wagging my finger at her, I adamantly insisted

that I was always receptive to hearing what she had to say. Suddenly, I realized that I had interrupted her. Then I admitted that I had not really listened to her. After that, we began to work more closely on the specific things that were interfering with our intimacy.

A thirty-nine-year-old man fondly remembered:

My father was a successful Chicago attorney. Then after taking LSD, he moved our family to Los Angeles and opened a metaphysical bookstore. Around 1974, when I turned thirteen, I had my bar mitzvah. Afterward, my father told me “Now I will show you a real bar mitzvah.” We went to a mountaintop in Colorado. He spent a few hours explaining what to expect from LSD, and how to handle its effects. He emphasized that this was a spiritual experience. On top of the mountain with my father, the LSD was very, very, powerful. We watched the clouds move and open up. My heartbeat seemed synchronized with everything in the natural environment. This rite-of-passage was very beautiful. From then on, I only took LSD for spiritual purposes. I could not understand why other kids used it recreationally, casually tripping at Disney World. My father and I shared many other trips in the coming years. In a strange twist of events, I eventually introduced him to MDMA, which greatly pleased him.

The twenty-three-year-old son of a psychiatrist recalled:

At the time when MDMA was becoming stigmatized as an illegal drug, I was about eleven years old. That is when I became aware that my dad was involved with it in a professional capacity. He was using it to treat patients in our home. I grew up around MDMA, so it was never strange to me. My parents were very straightforward and honest. When I became worried about the things I heard at school, my dad gave me a medical explanation about the effects of MDMA. He sat me down, and said, “Not everything you learn at school will be true. Some things they teach you will be good, and some things will be bad. Even though we understand that MDMA is good, many people outside our family will think it is bad. So you can’t tell people about what we do at home.” That was okay with me. My impression was overwhelmingly positive when my parents used MDMA themselves. I enjoyed hanging around them when they did it. I would be hard pressed to think of anything bad about it. It was always an option for me to use it. My parents told me that they would prefer I either did it with them, or at least did it in the house, and that I use their stuff.

I used to rebel against my parents by staying away from psychedelics. I was real straight-edged. I did not have peer group pressure to trip; I had parent pressure. Because my parents were interested in it, I was non-interested - my way of rebelling. Then in my freshman year of college, I encountered other students who were tripping. I became open to the idea. My first drug experience was with my girlfriend. We had been seeing each other for about four or five months, and have been in and out of each other’s lives ever since. I asked my father for some MDMA. He gave it to us, and left us with the home to use. We had a wonderful

experience. Our experience was very sensual, very sexual, very physical. Very connecting. We did not take the trip with the thought of reconnecting, but it did serve to bring us closer and helped us through a rough time. Very tactile. It was centering. It cut through all the barriers and restored us back to the heart. For me, MDMA does not interfere with sexual functioning; I'm one of the few men I know like that.

I did a lot of trips on MDMA after that. Then some mushrooms. I've never tripped alone. My dad and I rented a traditional 16th century villa in a remote mountainous region of southwestern Japan. We were totally by ourselves. We tripped on acid and watched the colors in the rice fields. It was a cool experience. Last year, we did a few 5-methoxy trips. This was with an experimental group run by [a psychologist]. Very cool. I'd just turned 21; I was the youngest in the group. That experience was in many ways more powerful for my father than me. It was bonding for us. He enjoyed having me there. It helped him to see me as a man. He was impressed with my reaction to the 5-methoxy. He considers himself an explorer. Yet he approaches these things with a certain amount of fear, and he told me that his initial experiences with 5-methoxy were somewhat frightening. Recently I took mushrooms with friends when my dad was around, but he wasn't tripping.

Earlier this year, I had MDMA with my mom. My mother and I have such a good relationship that I don't think anything could make us closer or not, but it was a good experience. For her birthday present, she wanted to trip with me. That's what we did for her birthday. We talked and talked and talked and hugged. It was very sweet, very easy. Absolutely, I think tripping has been a positive thing for our family.

When I was growing up, tripping wasn't a mystery; that gave it a better light. My attitude has always been to go farther with my mind. My parents embarked on these things in an open fashion, so they could not help but be open in other ways. They taught me to be open-minded toward all things. Looking back on my childhood, my parents never said, "I don't want you doing that, that's bad", except when it came to hurting people. Tripping was never forbidden, never taboo or mysterious. Therefore I came to it in my own time.

A freshman high school student asked her parents if she could try cannabis and MDMA. The parents were doctors who had used visionary catalysts for decades. They hosted ayahuasca groups in their home, and many entheogen researchers and psychedelic therapists frequented the house. The daughter had a B+ average, anticipated making the state championship in school athletics, and was involved in student politics. Everything was going well in her life. Therefore, her parents provided her with the requested experiences. Her father did not think she would receive much benefit from the hemp, although he considered MDMA to be ideal for initiating a young person. A few weeks after trying marijuana, the young woman had an open-ended loosely structured exploratory session with MDMA. When the effects first began, she initially felt anxiety. Hugging her parents did not provide any relaxation. However, hugging her dogs infused her with a sense of equanimity. She spent the entire day playing with her pets. She became particularly attuned to the jealousy that some of the dogs felt while she was giving affection to the other ones. A week after the session, she reminisced:

I had spent almost the entire trip bonding with the dogs. That night, I was tired. My limbs were no longer tingling. I was getting grounded again. Throughout the evening, none of our cats were around. I went to my bedroom and my cat was waiting for me. We are close. I raised her from a kitten. She did not want to be petted. I lay in bed to go to sleep. Then she leapt on my stomach and it was a full climax - I was peaking again. All of a sudden, the MDMA came back, just as if I had taken a booster. I had even more jaw clenching than I'd had that morning.

This young woman clearly recognized the difference between a respectful judicious use of psychedelics as opposed to the abuse of alcohol and other drugs. She said "I know more about drugs than any of the students at my school who have started using them, and I won't even talk to those kids." This woman's aunt was a college student whose parents and grandmother had used psychedelics for most of their lives. The aunt said, "I was not interested in tripping as a teenager. I guess this was a way of rebelling against what my family encouraged me to do. Later when I did use psychedelics, it was always with my family rather than as a social thing."

A mother, who had attended many ayahuasca groups and peyote ceremonies, remarked:

It is an interesting topic, entheogens and young adults. We are about to do a family trip sometime soon, my husband, myself, my 13-year-old, 18-year-old, 23-year-old and maybe my 27-year-old. My husband just did a trip with my 18-year-old and plans one with my 13-year-old.

A high school student commented, "I'm really excited. Tonight my dad is taking me to his ayahuasca group. This will be my first ayahuasca trip." His father was a psychiatrist on federal payroll who specialized in treating substance abuse.

Discussion

Most of the preceding accounts involve unstructured sessions, although two of the young people attended a group setting with some sort of formalized ritual. Apparently, none of the children has ever had any problems resulting from using psychedelics. With the exception of one college student who later had a falling out with her family, the entire group gives the impression of being generally well adjusted and high-functioning. Each person interviewed was explicitly asked if they knew of anyone who had suffered from being introduced to psychedelics by their families, and none had heard of any problems. The factors involved in the success of these families are:

- 1) The children requested a session out of their own internal motivation. Curiosity and personal desire were the reason for the session, rather than external pressure, macho one-upmanship, or expectations based on chronological age.
- 2) The parents had a sophisticated understanding of psychedelics due to extensive personal experience and reading books. The parents were attuned to the individual needs of each particular child.

3) The families had a network of sympathetic friends. This community support offset any feelings of isolation that might have resulted from evading counterproductive laws against psychedelic use by minors.

4) The children were given moderate manageable doses of pure materials. There was no pressure to consume a massive quantity or too frequently.

5) Given the current legal barriers in the United States, families and communities were “security conscious”. If the authorities ever became aware that parents were assisting their children to consume psychedelics, then the parents would lose custody of the kids. It is ironic that while the parents would be prosecuted for “contributing to the delinquency of a minor”, the police or child protective service would inflict genuine trauma by placing the children in group homes or foster care.

Obviously, there would be a greater likelihood of untoward results in circumstances where these safeguards were not in place. An extensive literature review has unearthed only two mentions of situations where parents supposedly administered a hallucinogen to their children in an irresponsible manner. Starks commented on a South America use of florispodio seeds (*D. sanguinea*, now in the genus *Brugmansia*):

The Indians of Darien, as well as those of Choco, according to Seemann, prepare from its seeds a decoction, which is given to their children to produce a state of excitement, in which they are supposed to possess the power of discovering gold. In any place where the unhappy patients happen to fall down, digging is commenced; and as the soil nearly everywhere abounds with gold dust, an amount of more or less value is obtained. In order to counteract the bad effects of the poison, some sour *chica*, a beer made of Indian corn, is administered.⁵⁹

Sidney Cohen remarked:

Another group who really ought not be given LSD is children.... It is, therefore, chilling to read in a recent issue of *Life* (March 25, 1966) the following quote: “When my husband and I want to take a trip together,” says the psychedelic mother of four, “I just put a little acid in the kids’ orange juice in the morning and let them spend the day ‘freaking out’ in the woods.” Here, at least, is a refreshing absence of pretense that it will do them any good; it’s simply a pharmacological baby sitter.”⁶⁰

When the Controlled Substances Act is eventually repealed, existing state statutes against child abuse & neglect could regulate against these sorts of haphazard scenarios.

Today’s “zero tolerance” style of drug education pathologizes normal adolescent experimentation and trivializes the factors underlying drug abuse. The research at the University

⁵⁹ Starks, Michael. 1981. The Fabulous Illustrated History of Psychoactive Plants or Great Grandma’s Pleasures. Loompanics Unlimited. Mason, Michigan. p.185. Lacks bibliography, so no Seemann citation.

⁶⁰ Alpert, Richard, Ph.D.; Cohen, Sidney, M.D.; Schiller, Lawrence. 1966. lsd. New American Library. New York. p.71

of California at Berkeley indicates that moderate use of marijuana and other illicit drugs is normative for U.S. teens. Adolescents who occasionally experiment with drugs are emotionally healthier than both their peers who abstain from all drug use, and their peers who overindulge. When drug problems do develop, they are a symptom – rather than a cause – of personal and social maladjustment. The researchers state:

Given current understandings of personality development, it would seem that the psychological triad of alienation, impulsivity, and distress would be better addressed through efforts aimed at encouraging sensitive and empathic parenting, at building childhood self-esteem, at fostering sound interpersonal relationships, and at promoting involvement and commitment to meaningful goals. Such interventions may not have the popular appeal of programs that appear to tackle the drug problem “directly,” but may have greater individual and societal payoff in the end.⁶¹

It is currently illegal for drug prevention programs that receive federal or California State funding to provide information about the beneficial uses of illicit drugs. 20 U.S.C. 7142 (United States Code) says that illegal drug use must always be portrayed as “wrong and harmful”, and CA Health & Safety code 11999.2 and 11999.3 prohibits educational messages about “responsible use” of illegal drugs.⁶² Could there be an honest and pragmatic alternative to prohibitionist education? Drug education in the public schools should be oriented toward harm-reduction. Students should be given age-appropriate information on the risks and benefits of all types of commonly used psychoactive materials. Each school could have a medicinal herb garden. Elementary school students would cultivate cannabis, peyote, coca plants, opium, and iboga. The students would be instructed on how to prepare these herbs, and would deliver them as gifts to people who needed them. The kids would donate medical marijuana to patients with AIDS and cancer. They could take home cough syrup that they manufactured out of poppies. They would do rotational harvesting of iboga roots, which would be delivered to substance abuse treatment clinics. The children would cut peyote buttons, and present them as sacraments for certain churches. This hands-on approach would inculcate a sensibility in the young people that, when properly used, these medicines can have benefits. At the same time, the teachers would emphasize that, like many things (fire, motor vehicles, etc.) these useful tools can have a destructive impact if used incorrectly.

In primitive tribes, puberty initiation rituals transformed the adolescent into a young adult ready to work, procreate, and perhaps fight in battle. Our industrialized technocracy delays adult responsibilities in order to extend education as preparation for employment in a complex economy. Living in limbo, modern teenagers are often unable to achieve fulfillment through part-time after-school jobs at McDonalds, and obeying church-sponsored vows of sexual

⁶¹ Shedler, Jonathan Block, Jack. May 1990. Adolescent drug use and psychological health. *American Psychologist* 45 (5): 612-630. The Drug Library. The Drug Reform Coordination Network. Available Online at

http://mir.drugtext.org/druglibrary/schaffer/kids/Adolescent_Drug_Use_ALL.htm

⁶² Federal and California Drug Education Laws. Available online at Erowid:

http://www.erowid.org/psychoactives/law/law_drug_education.shtml. accessed 27 January 2002.

abstinence. Some of these alienated youths rebel against their meaningless existence by seeking inebriation. Millions of concerned parents wring their hands in despair, lamenting that their troubled teens are hooked on dope. Educators, social scientists, and mental health professionals scratch their heads, befuddled by the insurmountable array of deplorable social problems. The boldest of these experts, perhaps fearing that their careers would be ruined by challenging the vested interests of the prison-industrial complex, can only propose that some sort of non-drug rite-of-passage be designed for modern adolescents.⁶³ It is true that many indigenous groups used non-drug initiations, although some of these non-drug rites resorted to painful intergenerational hazing. The power of hallucinogens to greatly amplify receptivity to transcendence can hardly be ignored, particularly since the widespread use of these substances by adolescents is perhaps motivated by an underlying spiritual striving.

Kleiman warns that young people are more vulnerable to damage from the toxic and addictive properties of some drugs, and often make immature judgments leading to misconduct.⁶⁴ These difficulties are a direct outgrowth of the usage patterns prevalent in the illicit drug subculture. The solution is simple: Encourage young people to only use drugs which are non-toxic, or which at least have no significant toxicity at normal doses, and provide a wholesome context for usage wherein proper preparation and competent supervision is provided by appropriately trained adults. LSD, mescaline, psilocybin, DMT, and other classic psychedelics are not addictive and are entirely non-toxic in ordinary doses. Several other psychedelics do have potential physiological dangers. Numerous young people in the U.S. have been poisoned by taking *Datura* in imitation of Castaneda's Don Juan. *Psilocybe* mushrooms should only be harvested by people who are thoroughly trained in how to distinguish them from poisonous species. The gentle effects of MDMA and related compounds usually elicit an easily-managed experience that would be ideal for novices. However, anybody who is considering taking MDMA should pass a heart exam and liver panel, and even then there is a remote possibility of idiosyncratic adverse reactions. To avoid MDMA-induced neurotoxicity, only low to moderate doses should be used - without boosters and in cool environments. This is particularly true for young people whose developing brains may be more vulnerable to damage. Of course, MDMA and iboga and ayahuasca can have fatal interactions with certain medications or possibly if mixed with each other. Addiction to ketamine is so common that this dissociative anesthetic should be avoided by people of all ages except when medically indicated. Ketamine produces psychedelic effects during recreational use, and 50% of adult patients (over age 30) have "emergence reactions" after surgery. Children and young adults experience a greatly reduced incidence of such psychedelic reactions.⁶⁵ Ketamine acts as a NMDA blocker, so presumably this lack of

⁶³ Grob, Charles; Dobkin de Rios, Marlene. Winter 1992. Adolescent Drug Use in Cross-Cultural Perspective. *Journal of Drug Issues* 22 (1): 121-138. Available online at Drug Policy Alliance online library: [<http://www.lindesmith.org/library/grob2.html>]. Accessed 3 February 2002.

⁶⁴ Kleiman, Mark A.R. *Against Excess: Drug Policy for Results*. Basic Books. 4 October 1991. Forthcoming, Spring 1992. [prepublication draft]. p.85.

⁶⁵ Marchall, Bryan E.; Wollman, Harry. 1980. General Anesthetics. Chapter 14, (pp.276-299) in *The Pharmacological Basis of Therapeutics* 6th edition, edited by Alfred Goodman Gilman, M.D., Ph.D.; Louis S. Goodman, M.A., M.D., D.Sc. (Hon.); Alfred, Gilman, Ph.D., D.Sc. (Hon.). p. 121.

hallucinosis in children may be because the glutaminergic fibers of NMDA receptors are not fully myelinated until late adolescence.

The design of meaningful rituals for modern adolescents would have two facets. The first involves selecting a combination of induction procedures from the indigenous repertoire of fasting, sleep deprivation, physical isolation, chanting, singing, sonic driving (drumming), dancing, and drugs. The setting would accommodate whatever purpose is intended. Internalized sessions (lying down in darkness) might provide intense death/rebirth experiences that could be particularly helpful for adolescent boys needing to sublimate aggressive impulses. Before LSD was scheduled, one college in the United States had an LSD session for the students as part of the course work on broadening educational interests,⁶⁶ and there are indications that psychedelics can facilitate the acquisition of various skills.⁶⁷ Thus a well-disciplined adolescent might use the psychedelic state for learning a language, working on a computer, practicing a musical instrument, etc. There is anecdotal evidence that MDMA can facilitate anaclitic bonding, such as when a mother and her rebellious teenage daughter had cuddling and intimate conversation during the afterglow of the mother's MDMA experience.⁶⁸ This suggests that psychedelic sessions involving hugging by family members can strengthen loving relationships, and perhaps if conducted seasonally from early childhood, this might deflate tensions that are often left unacknowledged during the children's adolescence. Regardless of the format, the most important benefit to be gained would be for the young person to gain facility interacting with the interior of the self.

Psychedelic initiations could provide an opportunity for a value system to be inculcated while the young person in the suggestible state occasioned by the trance, ecstasy, or meditation. American culture glorifies two primary values. The first is antagonism toward enemies (Nazis, Communists, and now terrorists). The second is devout allegiance to a mass consumer culture, with the insatiable craving to purchase non-biodegradable plastic merchandise and electronically mediated sensory experiences. While national defense and economic prosperity are worthy goals, our country has unduly subordinated art, science, and healthy relationships – the expressions of true civilization, which should not be relegated as handmaidens of industry. Could psychedelics be used to inspire a more refined sensibility? The integrity of the guides for rites-of-passage is critical because an emphasis on core moral values (honesty, respect for life, environmental responsibility) can only be passed on to young people if they are already firmly

⁶⁶ Stafford, P.G.; Golightly, B.H. 1967. LSD: The Problem-Solving Psychedelic. Award Books, New York; Tandem, London. pp. 131-137.

⁶⁷ Harman, Willis W.; Fadiman, James. 1971. Selective Enhancement of Specific Capacities Through Psychedelic Training. Psychedelics: The Uses and Implications of Hallucinogenic Drugs. Bernard Aaronson & Humphry Osmond (eds.). Schenkman Publishing Company. Cambridge, London. pp.239-276.

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⁶⁸ Saunders, Nicholas; Doblin, Rick. Ecstasy: Dance Trance & Transformation. Quick American Archives. Oakland CA. p.103.

entrenched in the older generation. Young people could experiment within this ethical framework to discover the meaning of their lives. Rabbi Schachter-Shalomi remarked:

I would like to see bhang made available so that kids would be able to have a kind of gentle inebriation with which to hear the great myths of the world retold, and to bring back the dreams. Because all of us have run out of myths. The United States has run out of myths, Israel has run out of myth, the United Nations has run out of myth, and we need to have people who will dream up new myth. To invite the young people to dream up the myth of their idealism for their lifetime with the right circumstances would be wonderful.⁶⁹

Photographs.

#1. Huichol child having face painted with uxa pigment before consuming peyote. From National Geographic. [will we need to get permission to republish this?]

#2. Cartoon of Hindu mother feeding LSD to her child with caption that incorrectly claimed that many hippie parents gave LSD to babies, producing many casualties. This cartoon is on the next to the last page of What Ever Happened to Timothy Leary, by a defunct publisher. Our commentary would say “The caption on this cartoon is inaccurate. Families in India do not use LSD. Nowhere was it commonly believed that LSD should be administered to children. According to Andrew Weil, the few cases of infants inadvertently ingesting huge quantities of LSD did not result in any developmental deficits.”

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