

Psychedelic Drugs

An Introductory Guide for the Curious

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Introduction

Few subjects in the world are as controversial and as rife with misinformation as the subject of psychedelic drugs. It is a measure of the failure of the so-called "War on Drugs" that although psychedelic drugs are widely available, they are available without paradigms and guidelines for their responsible and productive use. On the contrary, the "War on Drugs" in fact inflates the dangers of drug use and does nothing to detract from the substantial harm that drugs (including particularly the legal ones) inflict on some people. Indeed, since current U. S. drug policy (which has unfortunately been imposed on most of the rest of the world as well) insists on equating drug use with drug abuse, it has had the effect of suppressing the idea that "responsible and productive" drugs use is even possible -- a most pernicious act of circular reasoning (Brecher et al. 1972, Baum 1996, Gray 1998).

The purpose of this document is to tentatively suggest and some "paradigms and guidelines" for psychedelic drug use that have been sorely lacking in our culture. More specifically, I would like to provide you, someone who is interested in psychedelic drugs but has perhaps never used them and probably does not know very much about them, with some practical information about psychedelics and "tripping," in hopes that the availability of good information will enable you to make correspondingly good decisions. This is far preferable, in my mind, to offering up heated polemic -- either for or against -- on the subject of so-called "recreational" drug use, although there is plenty of both available.

Even with what seems to me like such a cautious agenda, I still leave myself open to attacks that I am enabling you to disobey the law and put yourself at risk of harm by ingesting a potentially dangerous substance. More than that: by explicitly aiming this guide at the novice -- someone who is curious but has never "tripped" -- I will be

accused of trying to influence your decision and effectively "recruit" you into doing something that is certainly illegal and, according to some, immoral as well.

Make no mistake: all of the most commonly available psychedelic drugs are illegal. In using them you put yourself at risk of arrest, prosecution, and imprisonment, to say nothing of the element of fear and paranoia that this legal climate inevitably injects into every trip you might take. In light of such risks, it would be immoral and ill-advised for me suggest or advocate in any way that you use psychedelic drugs. But I would not go so far were they entirely legal -- psychedelics are extremely powerful drugs, and thus potentially extremely dangerous. On the other hand, what ever laws may exist to the contrary, many millions people have used psychedelic drugs and continue to do so. These people continue to include some of the world's most creative and talented people, including Nobel-prize--winning scientists (Richard Feynman), writers (Aldous Huxley), musicians (Sting), artists (Alex Grey), doctors (Andrew Weil), philosophers (William James), businessmen (particularly in the computer industry), and so on. Furthermore, some (but not all) of these people have explicitly acknowledged the positive impact of psychedelics on their life, as have many more "ordinary" people.

It would be false, however, to suggest that psychedelic drugs are a magical key to a better life. Many people emerge unchanged after a few "experiments" and never use psychedelic drugs again. Some people, too, abuse psychedelics to their own detriment, and others are unfortunate enough to trigger latent psychiatric disorders -- probably the most significant and most misunderstood risk of these drugs. While psychedelics have, I believe, the potential to be a valuable tool for the betterment of humankind, they are not in any way a shortcut or a substitute for a great deal of hard work.

Ultimately, you may or may not decide to use psychedelic drugs yourself, and I will not deceive myself into thinking that you will be substantially swayed either by my opinions or by whatever laws may be operative when and where you are reading this. In light of this, my intentions, as stated above, are straightforward: I hope to provide you with some cautious, reasoned, and reliable information to help you reach a more informed decision. Your life is your own; make the most of it!

An overall perspective on psychedelic drugs.

What do we mean by a "psychedelic" drug? A good description the characteristics of these drugs is surprisingly hard to pin down, although we probably all have some reasonable and well-established notions of their effects. The following definition will, I hope, suffice to begin with: A psychedelic drug is a compound (either in pure form or as taken from a plant, animal, or fungus) that

- Induces a state of altered perception and thought.
- Causes a heightened (although altered) awareness of sensory input
- Causes a decreased awareness of the subject-object boundary (i.e. the ego that separates you from the rest of the world)

Terminology

It is an indication of how unsure we are about the nature and significance of what we might tentatively call "visionary" drugs (LSD, etc.) that so many terms have been offered up to describe them. **Hallucinogen** is a fairly popular choice, although it is really not accurate, as true (clinical) hallucinations rarely occur under the influence of the most common visionary drugs. Nevertheless, it remains a commonly used term.

Some early studies concentrated on the supposed ability of drugs such as LSD to temporarily induce mental states resembling psychosis or mental illness. Thus, the word **psychotomimetic** was coined. But more recent research has questioned this analogy and the term has largely fallen out of favor.

Psychedelic is probably the adjective with which you are most familiar. It was coined in 1956 by psychiatrist Humphrey Osmond based on Greek roots meaning, roughly, "mind manifesting." The term does provide a good description of these drugs, but it has gradually acquired connotations (with the 60's, counterculture, etc.) and usages (psychedelic art, music, etc.) that arguably fall outside the realm it was intended to describe. It seems incongruous, for example, to think of indigenous peoples using "psychedelic" drugs. To remedy this, a new term -- **entheogen** was coined by a group of scholars in 1979 and has come into relatively widespread use. Entheogenic means, roughly, "realizing the divine within," and is based on a Greek word used to describe states of religious, prophetic, or artistic inspiration.

In almost all cases, **entheogen** and **psychedelic** are the preferred terms used to describe these drugs. Some have suggested that "psychedelic" refers more to particular chemical families of drugs (the tryptamines and phenethylamines) while "entheogenic" refers to a *method* of drug use that is not limited in its definition by chemistry.

History

The desire to chemically alter ones' consciousness is an ancient and widespread human urge. The Sumerians used opium at least 6000 years ago and denoted it with a cuneiform character meaning "rejoicing" (citation? mentioned in Leavitt p196); *Cannabis* preparations are probably even older (also mentioned in Leavitt p196). We have been using drugs for longer than we can document or remember, and our enthusiasm for inebriation continues unabated to this day. These drugs range from the alcohol, nicotine, and caffeine commonly used and accepted (even encouraged) in modern western culture to South American *ayahuasca* to *Amanita* mushrooms used by Siberian shamans to cannabis used by Hindu holy men (*saddhus*) and in Islamic cultures where alcohol is frowned upon.

In many cases, use of drugs has had an intimate connection with religious practice. This has ranged from Christian use of wine as a sacrament to the use of the peyote cactus by the Native American church. The connection between psychedelic drugs and religion is particularly strong. The drug *soma* used in Vedic (early Hindu) culture is generally believed to be a psychedelic (Wasson 1968, Wasson 1979). So too is the *kykeon* used in the Eleusinian mystery of classical Greece (Wasson et al. 1978). Some have proposed that psychedelic plants, ingested accidentally, sparked primitive humanity's first religious impulses and were the original sacrament. The psychedelic mushrooms used by Mesoamerican peoples, are called *teonanácatl*, translated "sacred

mushroom" or even "flesh of god." Perhaps more likely is the possibility that primitive people discovered that most psychedelics in low doses are stimulants () and improve visual acuity (Black et al. 1968, cited in Grinspoon & Bakalar 1997), both of which provide an obvious advantage while hunting and foraging, and later discovered the more profound effects of higher doses.

Psychedelic use in preindustrial societies has continued for millenia and in many cases survives to this day, sometimes despite vigorous persecution and suppression. Modern western interest in psychedelic drugs was first directed at mescaline, which was the first psychedelic to be isolated and was made synthetically in 1897. Albert Hoffman synthesized and subsequently discovered the inebriating effects of LSD in 1943 while working for the Sandoz pharmaceuticals company, which soon began distributing LSD to the psychiatric community for research purposes. Twenty years of psychiatric research ensued and produced some remarkable preliminary results which have not been adequately pursued due to contemporary social climate. Psychedelics were found by some researchers to have a great potential as an adjunct to psychotherapy and were used to treat alcoholics and other addicts, prisoners, concentration camp survivors, and many other people with perhaps less horrific problems, including actor Cary Grant, who glowingly credited LSD with helping him to become reconciled with his estranged mother. The United States military and the Central Intelligence Agency (CIA) pursued a vigorous research program concerning the use of the LSD and other drugs as chemical weapons for mind control and interrogation, which included administering massive doses to mental patients and prisoners without regard for their consent or well-being (Lee & Shlain 1992).

As more people experienced and enjoyed the effects of LSD and other psychedelics, use gradually spread from a strict research environment to a broader community interested in ludible or "recreational" use, leading to the formation of a gray market (psychedelics were not illegal, but production of LSD was protected by patent). This was encouraged in part by vocal and enthusiastic advocates such as Harvard psychology professor Timothy Leary and author Ken Kesey (*One Flew Over the Cuckoo's Nest*). Others such as author Aldous Huxley (*Brave New World*, "The Doors of Perception") were more cautious in their support of psychedelic drugs. A definitive and penetrating analysis of the connection of LSD to the 1960's and the counterculture has yet to be written, but as part of the ensuing tumult, LSD and most other psychedelic drugs were made illegal in the US in 1966. Use continued unabated and persists to this day, despite increasing legal consequences and vast sums of money (some \$60 billion per year in the US alone) funneled into a tragic and misguided "War on Drugs", the pernicious effects of which have never been more obvious.

Studies indicate that, with some fluctuations, roughly 10% of the US population has used some sort of psychedelic drug at least once, about one fifth of those (or 2%) within the past month (Leavitt 1995, Ch. 10). In general, psychedelic drugs are used in the US predominantly by middle-class caucasians in their twenties and late teens, who use psychedelics for a few years, then simply stop. Unfortunately, it is hard to assess the accuracy of any of these data. Although results do not fluctuate dramatically from year to year, there is good reason to believe that usage of most drugs is underreported in surveys (see discussion in Leavitt, p189)

Effects

The effects of psychedelic drugs are rather difficult to describe -- at least the most interesting ones are. The crude physical effects are relatively straightforward: psychedelics are uniformly strong stimulants and excite the sympathetic nervous system. The consequences of this include wakefulness that can border on jittery restlessness, dilated pupils, a feeling of cold in the extremities, and elevated heart rate, blood pressure, and temperature.

The psychological effects are considerably more complicated. The effects of any drug depend on SET (your mental state) and SETTING (your external environment), not to mention DOSAGE (how much you took) but this is particularly true of psychedelics. If you take a psychedelic when you've been feeling unhappy and are in a chaotic or unpleasant environment, you may well experience what seems like an eternity of intensely horrifying paranoia and meaninglessness. On the other hand, paying proper attention to set and setting can allow you to experience the numinous beauty of the world around you, and lead to a feeling of joyful contentment and interconnectedness. Some have described psychedelics as sensory magnifiers: they take what is already there and make it "more so". Psychedelics cannot make you happy (you have to do that yourself), but they can, perhaps, make you happier.

The visual effects of psychedelics can be quite beautiful. Colors become brighter and more intense; objects in the visual field appear to flow or breathe, and are overlaid with geometric and fractalized textures. These images occur even with the eyes closed. One often becomes fixated and entranced by tiny details. Short-term recall is disrupted, but long-forgotten memories can spring vividly to mind. The other senses are similarly effected, but are usually not as prominent since humans rely so heavily on visual input. Synaesthesia (such as seeing sounds) sometimes occurs. Hidden emotions in both oneself and others may become apparent. A tripping person may experience a childlike state of suggestibility -- and wonder. Thoughts spring up at a dizzying rate, and although they are often difficult to latch on to and remember, they often seem unimaginably profound and portentous. At higher doses, the psychological changes are more profound, and can encompass changes in perception of time, loss of ego, and complete lack of contact with the external world. These effects can be quite terrifying if unprepared, and "bad trips" are commonly caused by taking too large a dose without adequate foreknowledge and preparation. In general, the effects of psychedelics are hard to capture in words. While they are consistent and characteristic across drugs and experiences, they also encompass enormous variability.

Psychedelics are basically nonaddictive, and have extremely high margins of physical safety. Even intensely bad trips are temporary and leave the unfortunate user with no lasting ill effects. Psychedelics, however, can and do lead to psychotic breaks in susceptible people, although it is important to stress there is nothing special about psychedelics in this regard other than intensity -- good or bad -- of the experiences they elicit.

Why people trip.

People trip for a variety of reasons. Some of them are discussed below.

Because they're curious.

Because their friends do.

Most people are prompted to try psychedelic drugs for the first time for one of these two reasons. Although it is common in our society to bemoan the effects of peer pressure, this view is, in my view, extremely misinformed. Because humans are social creatures, we have a natural tendency to try new things when we see others enjoying them, as anyone knows who has looked over at the next table and told the waiter "I'll have what he's having".

Obviously, deciding to use psychedelic drugs should not be undertaken as lightly as deciding to try a new dish. Psychedelic drugs have profound effects on the way one experiences reality. This can be good or bad, but without knowledge and preparation, the latter becomes much more likely. If you are tempted to try psychedelic drugs, the best advice I can give you is "Just say Know." Don't jump in just because people around you are doing it. Educate yourself about the benefits and risk of psychedelic drug use. Read this guide, visit some web sites, pick up a book or two. Take your time.

There is no requirement in life that you use drugs! The best highs of all are the ones your body produces itself. Drugs *can* be a useful tool, if used wisely, but no more than that. They are not, never have been, and never will be a mandatory part of being cool or having fun.

If you are still in high school, I strongly advise you to stay away from ALL drugs, particularly alcohol and cigarettes. There are many reasons for this, although unfortunately the ones most commonly cited by parents and politicians are incredibly self-righteous, if not downright silly. First and foremost, the longer you wait until using drugs, the better chance you have of using them responsibly and staying in healthy relationship with them: a disproportionate number of rabid anti-drug bigots are people who were sucked in early in life and really messed themselves up. I have talked with many responsible drug-using adults who began using drugs in high school. Most of them wish they had waited until they were more mature, and some are amazed they didn't seriously hurt themselves with their excessive pharmaceutical antics. Also, school is important. You may think it's boring as hell right now, and you may even be right, but it doesn't suck half as bad as life stuck in a dead-end job without a decent education.

Because it's fun

The effects of psychedelics can be quite enjoyable. Not surprisingly, we desire to repeat an activity that brings them pleasure, whether it eating good food, making love, listening to music, or taking a drug. This is a natural and positive human response.

It is important to remember, however, that there is nothing inherent in psychedelics that makes them fun -- the fun comes from the user. At first, the experience itself is fun because it is so profoundly different from ordinary consciousness, and one delights in trying various activities while tripping -- listening to music, staring at colored lights, playing with "trip toys", dancing -- reveling in new sensations, which

are often very beautiful and enjoyable. But people who trip casually, or even mindlessly, typically become bored and quit after a few (or a few hundred) trips, because they are unwilling or unable to provide new, perhaps more deeply satisfying, kinds of "fun" themselves.

Because it's compulsive

Despite the general non-addictive (or even anti-addictive) nature of psychedelics, a few people develop a compulsive attachment to them and to the "psychedelic mindstate". These "acidheads" use psychedelics, almost always LSD (because it is cheap and easy to consume in large quantities), several times a week or even daily. The dangers of such abuse are not anywhere near as severe as with more debilitating addictions such as alcoholism, but excessive use of *any* drug is a bad idea.

The consequences of compulsive psychedelic use arise mainly because other aspects of one's life (school, family, job, non--drug-using friends, etc.) are neglected in favor of constant tripping. People who trip several times a week or more often seem subtly "out of it" -- they may have poor memory and attention, or trouble organizing their thoughts to form sentences, for example -- although not usually so seriously as to make it obvious to the casual observer. Although people who abuse psychedelic drugs will usually recite some sort of dogma about "mind expansion" or the like in justification, they do not usually get much satisfaction from psychedelics. One such person (now, happily older and wiser) vividly described to me the shudder of disgusted anticipation he would feel as he watched his hand carry yet another dose of LSD towards his mouth.

Fortunately, lasting physiological consequences due to chronic, heavy psychedelic use occur rarely, and the acute effects described above disappear once use is discontinued.

A sense of "exploring"

Most people who use keep using psychedelics over a long period of time can be best referred to as "psychonauts", a term coined by JYnger. Such people derive great satisfaction from exploring what Aldous Huxley called "the antipodes of the mind" (Heaven and Hell, date?). They seek to understand and "map out" the experiences and mental states that psychedelics evoke, both through study (psychonauts are often well-educated and well-read, at least on the subject of drugs) and direct experience. Concurrent interest in various esoteric philosophies is common, as is an integrationist view of science and religion. Most people who maintain drug-related web sites fall into this category.

For therapeutic reasons

LSD was initially marketed by the Sandoz corporation to the psychiatric community. For the following two decades, research into the psychological implications of psychedelic drugs was pursued with considerable vigor, until various governments (primarily the US) acted to suppress scientific experimentation in the mid 1960s.

It is important to emphasize that such research was not confined to a few zealots on the fringes of psychology. At its peak, psychedelic drug research was conducted by

respected scholars at eminent institutions. It generated over 100 scholarly papers per year and was the subject of several international conferences (Grinspoon and Bakalar p. 61). Likewise, it should also not be overlooked that the therapeutic benefits of psychedelics have not been rigorously and scientifically demonstrated. Nevertheless, the potential benefits of psychedelic psychotherapy, when weighed against the minimal risks (cite Cohen's paper), indicate that the research possibilities in this field are far from exhausted and merit further pursuit.

Psychedelics have been administered in therapeutic settings to alcoholics and other addicts, terminal cancer patients, concentration camp survivors, and many others besides, with varying degrees of success. Some people, both patients and doctors, have spoken glowingly about the healing potential of psychedelic drugs; indeed, some therapists have been sufficiently convinced of this to disregard laws enacted against them (Secret Chief, TIHKAL), and an underground network of psychedelic therapists thrives to this day. I am optimistic regarding the therapeutic potential of psychedelic drugs, but examples of properly controlled experiments are practically nonexistent, and even simple case histories cannot be published by current healers due to a vindictive political climate. It seems clear that the success of any treatment depends crucially on a compassionate and perceptive therapist, to which psychedelics, properly administered, may prove to be an important adjunct but never a replacement.

As a part of spiritual practice

In writing this guide I have endeavored to present accurate information and challenge my biases whenever possible. I do not lay any particular claims to objectivity, but I hope that I have provided enough verifiable facts for you to decide for yourself about the utility of psychedelics, and I urge you to seek out other sources of information, *especially* those that contradict my own opinions. With this disclaimer, I feel comfortable in presenting here what I believe to be the core of what psychedelics are "about".

Over the course of this century, neurobiology has been amazingly successful in discovering biochemical correlates of mental states. While studies of the brain continue to demonstrate how little we know, even while advancing our understanding, we have, at least, discovered many chemical compounds that occur naturally in our brains and determine the way we think and feel. Changes in our mental state, our mood, our state of consciousness, are accompanied by changes in the balance of these chemicals. The amazing variety of mind-active drugs that humans ingest function by mimicking these compounds. Morphine and other opiates, for example, affect our perception of pain by masquerading as our body's natural painkillers. These painkillers are known as endorphins, from ENDogenous mORPHINE.

In light of this, what should we make of psychedelic drugs? I believe that scientific evidence will ultimately demonstrate, as it has already suggested, that psychedelics mimic the compounds our bodies produce during religious ecstasy (etymology?) and direct apprehension of the numinous. There is, unfortunately, no good scientific evidence we can look to in support of this, so for the time being we will have to look elsewhere.

On the level of simple correlation, of course, the evidence is indisputable: Native Americans use peyote for religious purposes, just as European "witches" used belladonna, just as Siberian shamans and Vedic priests used *Amanita muscaria* mushrooms, just as the Bwiti use *eboka*, just as Hindu siddhus use Cannabis, just as modern-day Mayans use *Psilocybe* mushrooms, just as the ancient Greeks used *kykeon*, just as South American peoples use *yopo* and ayahuasca and datura and tobacco and a veritable pharmacopeia of psychoactive drugs besides. But why should the historic and anthropological connections between religion and drugs -- in particular, psychedelic drugs -- be so strong? I myself can offer no evidence beyond that of my senses. I have been privileged to experience feelings while under the influence of entheogens (and rarely while sober) I can only describe as religious -- transcendent feelings of cosmic love both within and without, of the "rightness" of the world and all in it, of the worth of the struggle of living in and trying to improve an imperfect world. In short, visions of an immanent and everloving God -- no more than inklings, to be sure, but earthshatteringly powerful from my tiny perspective nonetheless. Hallucinations? Yes. But no more than our everyday waking consciousness is a hallucination brought on by separation from that which we yearn for. I cannot "prove" such experiences, I can only accept them and try to act on them, for to do otherwise would be to repudiate everything I hold dear; that is the paradoxical essence of religion.

But why psychedelics? Enlightenment through drugs, the very epitome of a tacky hippie farce. Even worse: enlightenment through what is nearly everywhere considered a serious crime. Are we the butt of a massive joke played upon us by the Eternal Prankster? In a sense, which might help explain why laughter is our best expression of pain and healing. But the full glory of God cannot be captured in so trivial an image, true though it might be.

The Prophets Isaiah and Ezekiel dined with me, and I asked them how they dared so roundly to assert that God spake to them, and whether they did not think at the time that they would be misunderstood, & so be the cause of imposition.

Isaiah answer'd, "I saw no God, nor heard any, in a finite organical perception, but my senses discover'd the infinite in every thing, and as I was then persuaded & remain confirm'd that the voice of honest indignation is the voice of God, I cared not for consequences but wrote."

-- William Blake, *The Marriage of Heaven and Hell*

When Siddharta listened attentively to this river, to this song of a thousand voices, when he did not listen to the sorrow or laughter, when he didn't bind his soul to any one particular voice and absorb it in his Self, but heard them all, the whole, the unity, then the great song of a thousand voices consisted of one word: Om -- perfection.

-- Herman Hesse, *Siddhartha*

To live outside the law you must be honest

-- Bob Dylan, "Absolutely Sweet Marie"

Why People Stop Tripping

Available Drugs

LSD

LSD is readily available on the black market in various forms. It is most commonly encountered as small (0.5 cm / 1/4" square) perforated squares of blotter paper impregnated with the drug ("blotter", "paper"). The paper is often decorated with various designs. LSD is also sold as a solution in water or alcohol ("liquid", although "liquid LSD" is a misnomer), in which case it is typically ingested by placing a drop on a sugar cube and allowing the cube to dissolve on the tongue. Less frequently, LSD-containing gelatin squares ("gel", "windowpane") and tablets are available ("microdot" refers to tiny LSD pills, sometimes misidentified as mescaline). Prices in the US for a single dose range from about \$3 to \$10.

As LSD is a black market product, dosage is not correlated with price. Nevertheless, LSD is generally of good quality on the black market. It is, at least, not deliberately adulterated with other substances (such as strychnine or amphetamines, as is sometimes alleged). Effects that are often blamed on adulterants are better attributed to the set and setting under which the trip occurs. The purity of different batches of LSD will vary according to the care and skill of the chemist, but it is not clear what correlation, if any, this has on the subjective quality of the drug. In any case, bad trips are caused by paying poor attention to set and setting, not by "bad acid".

You should never ingest more than a single dose for a first trip and possibly as little as half of one. A dose is a single square of blotter or windowpane, a single tablet, or a single drop of liquid. Remember: you can always take more; you can't take less.

A standard dose of LSD is usually held to be 100 micrograms (millionths of a gram), although quantitative assessment of black market product is impossible. The United States Drug Enforcement Agency (DEA) considers an average dose to be 50 micrograms based on laboratory analysis of seized LSD, and this is probably a more reliable assessment, and there is good reason to believe that the average dose of LSD has decreased considerably since LSD first appeared on the black market. Regardless, a dose of LSD is miraculously small -- less than practically any other psychoactive drug. The effects of LSD last 8 - 12 hours.

It is not possible to make LSD in your kitchen using common household ingredients -- or uncommon ones for that matter. The chemical synthesis of LSD is a complicated procedure that requires expensive chemicals, glassware, and laboratory equipment, as well as some significant knowledge of organic chemistry laboratory techniques. Purchases of common precursors (mainly ergotamine tartrate) are tracked by drug control agencies in many countries.

Mushrooms

Mushrooms containing the psychedelic chemical psilocybin are readily available on the black market. They are most commonly available as dried *Psilocybe cubensis* mushrooms, typically sold in quantities of 1/8 ounce (3.5 g) at a price of \$15 - \$25. *Psilocybe cubensis* mushrooms available on the black market are typically cultivated using well-tested techniques rather than gathered in the wild, which eliminates the risk of poisonous mushrooms creeping into a batch. They can be of inconsistent potency, as with any black market product, but are not known to be deliberately adulterated. This has not always been the case. Until the cultivation of psilocybin

mushrooms was developed and refined in the mid 1970's, certain food mushrooms were sometimes laced with LSD and sold as psilocybes.

For a first trip, ingest no more than about 1/16 of an ounce (2 g or less) of dry *P. cubensis*. Despite common belief to the contrary, several small mushrooms are in fact more potent than one large mushroom of the same weight. Some people undertake amazing culinary feats to conceal the flavor of the plain dried mushroom; one's reaction to the taste will vary. A common method is to make the mushrooms into a tea and drink only the liquid.

Mushrooms are NOT preserved by placing them in honey.

Reports of smoking powdered dried mushrooms are persistent. Although the effectiveness of this method of administration is debatable and has not been conclusively debunked, it should be considered experimental and is not recommended due to its lack of proven reliability and the well-established dangers of smoking. Carlos Castaneda's writings are often mentioned as evidence of the effectiveness of smoked mushrooms, but in fact they are works of fiction (or, at best, philosophy or theology), not anthropology.

A variety of psilocybian species grow wild throughout the world and are often distinguished by the bluing reaction caused by bruising. **DO NOT COLLECT WILD MUSHROOMS WITHOUT THE HELP OF AN EXPERIENCED MYCOLOGIST.** Various species of mushrooms can also be cultivated from spores with some effort. Dosage will depend on the species of mushroom and whether it is eaten fresh or dried. For more information concerning the cultivation of mushrooms, refer to the [Magic Mushroom Grower's Guide](#)

Nausea at the beginning of a mushroom trip is common; most people find it endurable. Smoking cannabis may help due to its well-known anti-nausea and anti-emetic properties, but this will change the nature of the trip. Vomiting early on may reduce the intensity of the trip.

Some people apparently report allergic reactions to psilocybian mushrooms. I am not well-informed regarding their frequency or severity. Reports are encouraged.

Ecstasy

MDMA, commonly referred to as Ecstasy, belongs to a different class of drugs, and a discussion of its effects, both positive and negative, is outside the scope of this work. I make special mention of it here only because it is sometimes considered (incorrectly) to be a psychedelic.

Other Psychedelic Drugs

Many other psychedelic drugs are available, some quasi-legally. Information about these can be found [elsewhere](#). Nevertheless, LSD and mushrooms remain the most commonly available and used psychedelics.

The effects of psychedelic drugs

The sensations one experiences during a psychedelic trip can be highly variable, and a complete description of the astonishing variety of responses is impossible. The pharmacology of psychedelic drugs is fairly consistent, but the subjective effects can be surprisingly different. My comments here apply to the two most commonly available psychedelics (LSD and psilocybe mushrooms, as described above).

Acute effects

Dilation of pupils

This is one of the most characteristic effects of psychedelics, and one of the only consistent external physical signs of psychedelic inebriation (obviously, behaving oddly can be an indicator too).

Stimulant Effect

A person who takes a psychedelic drug will find themselves unable to sleep until well after the obvious effects of the drug have worn off -- typically over 10 hours for LSD, 7 hours for mushrooms, although the precise length of time varies widely from person to person. Some people have been known to use GHB after a trip to help fall asleep, but this is not recommended. absorbed rapidly. effects begin in 30-60 mins, last 10-12 hours. Serotonin involved with regulation of body temperature, sleep, and sensory perception. increase in body temperature, dilation of pupils, increased heart rate, higher blood pressure, higher blood glucose, dizziness, drowsiness, nausea.

Timeline

What follows is a highly approximate and subjective timeline of events following ingestion of a psychedelic at $T = 0$. It is important to understand that what follows is a poorly characterized average, not an ideal. Different people respond differently to drugs, and the same person will respond differently based on dosage and mental set.

Alert (T = 0:30)

The point at which the effects of a drug are first felt is often referred to as the "alert". An unexpected sensation will spontaneously present itself, leading one to remember "Ah, yes...I've taken a drug, and it is beginning to affect me." In the case of LSD and mushrooms, this typically takes place at around 30 minutes or so.

Liftoff (T = 0:30 to 1:00)

After the initial alert, the effects of the drug build over the next half hour or so. In the case of mushrooms (and less commonly with LSD), this may be accompanied by nausea. If this occurs, meditation or steady breathing may help. Cannabis is effective at reducing nausea, but is not recommended for the inexperienced, as it can intensify and alter the trip. Of course, vomiting is an option as well if it seems necessary.

Peak (T = 1:00 to 3:00 (mushrooms) or 5:00 (LSD))

This is when the effects of the drug are most intense. Just how intense depends on dosage, of course. The effects of the drug may come steadily, or in waves interspersed with moments of greater lucidity.

Coming Down (T = 3:00 to 6:00 (mushrooms) or T = 5:00 to 9:00 (LSD))

At some point, the tripper will realize that the intensity of the experience has diminished -- probably the most straightforward thought he's had in awhile. From this point on, the trip will diminish in intensity over the next several hours. This period is often a time of quiet reflection, and perhaps limited conversation.

Sobriety

You will not be completely sober until you've had a good night's rest. Sleep is typically possible about 10 hours after ingesting LSD, 7 hours in the case of mushrooms. It is probably a good idea to take the next day easy, thinking about what you have experienced, and re-adjusting to ordinary reality.

Bad Trips

A great deal has been written on the subject of "bad trips," much of it inaccurate or misinformed. This is partly due to the difficulty in assessing the frequency and severity with which they occur. According to a dated reference, a quarter of LSD users bad trips, but half of the users considered their bad trips somehow beneficial. (G&B 158, need original citation too). The rate of occurrence of bad trips may have decreased since then, due to the general decrease in average potency of psychedelic drug doses.

Bad trips are not the result of mythical "bad acid", or anything similar. Most commonly, they are brought on by ingesting -- often unwittingly -- an unexpectedly high dose of a psychedelic. The profound sensory alterations that high doses cause can be extremely disorienting and frightening, as can the resulting loss of ability to interact with ordinary reality and "maintain" the semblance of sobriety before people whom you'd rather not have know you're zonked out of skull. Such things lead to thoughts like "I'm tripping too hard", "I'll never come down", "I'm going crazy", "Everyone knows I'm wasted", "I'm going to die", and so on.

Sometimes bad trips are brought about when the tripper latches onto a negative thought, and spirals into a state of paranoia, fear, and alienation. Often, a trip will develop a "theme", that will overlay a certain degree of similarity on the tripper's racing thoughts. In the case of a bad trip. Sometimes, bad trips are brought on by other people, often by insensitive or inexperienced companions. The emotional state of a tripping person is quite fragile, making a comfortable and supportive environment essential. Some people like to play the game of "Let's pretend we don't hear him when he talks." Needless to say, most tripping people do not respond well to such reprehensible tricks.

There is no magical "cure" for a bad trip, just as there is no magical cause. Sometimes the best response is to give the person a controlled and comfortable environment and let him be. Sometimes Fortunately, bad trips are rarely dangerous, although they are of course unpleasant at the time. Some people will be convinced they are dying, and insist they be taken to the emergency room. There is no reason to humor their delusions in such cases. Valium similar minor tranquilizers can be helpful and are often given to people who do in fact end up in the hospital. GHB can also be useful, but ALL SUCH DRUGS SHOULD BE MEASURED AND ADMINISTERED BY A SOBER PERSON! Despite frequent myths to the contrary B vitamins do not abort a trip, and thiorazine and other major tranquilizers are hardly ever used. (Actually, administering B vitamins probably DOES work due to the placebo effect. Tripping people are very suggestible, and simply handing them a pill in a reassuring manner and saying "Here, this will help bring you down" could be very helpful.)

Despite the above reassurances, in rare cases, medical attention is appropriate and necessary. In the case of psychedelics, this mainly means someone who is freaking out or uncontrollable and is in danger of hurting himself or other people. Some people think they can fly while tripping. This is OK, unless they will not be dissuaded and insist on jumping off a building. Some people freak out and throw themselves repeatedly against walls...or windows. Things like these hardly ever happen, but if they do, seek medical attention. It should be clear when the line between ordinary unpleasantness and serious danger has been crossed.

It is important to emphasize that the assumption that all trips be fun and entertaining is a naive one. Trips can cause uncomfortable and unresolved psychological issues to the surface. This *can* be turned into a productive catalyst for change, if the tripper is mindful and accepting of the drug experience. Such trips can be difficult, but very rewarding. If the tripper is simply out for thrills, then the term "bad trip" is perhaps more appropriate.

Guides

Because of the risk of reactions such as these, and in general to cope with unexpected wrinkles, an experienced and sober "babysitter" or "guide" is a good idea in many (some would say ALL) cases. The purpose of the guide is to protect the health and safety of the people in his or her care.

The trip

Preparing for your trip

Many people find the best trips are ones they have prepared for. Gobbling a few hits of acid on a whim is unlikely to be of much use beyond a few pretty colors and crazy thoughts, and furthermore contributes to the stereotype of the drug user as destructively impulsive and ignorant. People prepare for trips differently, each in their own way. Here are some thoughts and ideas:

- You may wish to meditate, either around the time of ingestion, or for several days prior.

- Fasting can be an effective spiritual aid, as well as a way to reduce nausea during the initial stages of the trip. Even if you do not embark on a strict period of fasting, it is best to eat lightly before the trip. It can also be helpful to emphasize simple, wholesome foods (fruits, vegetables, and grains) in your diet for several days prior to the trip.
- You may find it helpful to write down some thoughts about your reasons for embarking on the trip, and what you hope to get out of it.
- A ritual performed around the time of ingestion can be helpful in focusing your thoughts and energies. Depending on your religious convictions, this can take any of a number of forms, from setting up or paying respects at an altar to reading aloud from sacred texts that are meaningful to you and your companions.
- Clean and comfortable clothing is usually a good idea, depending on the activities you have planned.
- Spending some time in a hot tub and/or sauna can be pleasant, or, failing that, just a shower or bath. Take time to pay attention to the sensations of cleanliness and the natural state of your body -- color, smell, etc.

Scoring

Sadly enough, the only part of your preparation that is essential is usually the most unpleasant: procuring the drug of choice. Unfortunately, psychedelics must almost always be obtained on the black market. This means no assurances of quality or purity and far too often the necessity of associating with some rather unpleasant people -- not necessarily violent or evil, but rarely, shall we say, "upstanding citizens". That is not to say that all drug dealers are the scum of the earth, but even the honest ones are motivated by money, prestige, and the thrill of the hustle more than they'd readily admit. Procuring psychedelics also means in most cases risking arrest, prosecution, and imprisonment. This is not something to be done lightly, although the evidence suggests it's not much of a deterrent to those who desire drugs. If possible, buy from friends, or friends of friends. Avoid buying from random strangers on the street, at concerts, at clubs, etc. This minimizes (but by no means eliminates) the legal risk, as well as the risk of getting ripped off. It has been observed, with only partial irony, that the relationship between price and quality on the black market is often inverted -- often the more you pay, the worse the quality. The best drugs are gifts, or sold by friends at cost.

Things to do during your trip

After your trip

Lingering questions

Is what I experience real?

That depends on what you take to be reality. You will experience sensations and thought patterns that you simply won't when "sober." So, what you experience is not real as far as ordinary or "consensus" reality is concerned.

On the other hand, current theory in neurobiology holds that humans each construct their own model of reality from their perceptions in a highly interpretive and subjective fashion. This has led one author to refer to the brain as "The Three Pound Universe." In the words of Lester Grinspoon and James Bakalar in *Psychedelic Drugs Reconsidered*, "There is no objective, given world to be copied by our minds correctly or incorrectly. How we perceive things depends on the needs our perception serves." Seen in this light, psychedelic experiences are as "real" as any other experience -- although they may not be shared by "sober" people and can be extremely inconvenient or even potentially harmful if you lose your grasp on "consensus" reality without adequate preparation.

Certainly states of non-ordinary consciousness have an ancient and varied role in the human experience. Some have compared psychedelic experiences to states of religious inspiration. If that is a valid comparison, then we would be forced to wonder, if meditation is valid and "real", why drug experiences should be viewed any differently simply because they are provoked, in part, by an external chemical.

I think that ultimately, that experiences with psychedelics will be as "real" as one wants them to be. If the life-improving potential of psychedelics is indeed real (and that is something you will have to decide for yourself), it would be foolish to dismiss a trip as "just hallucinations." Perhaps a better question would be "Are my experiences useful? Do they make me a better person?" rather than "Are they real?".

Why are psychedelics illegal?

Not all of them are, but the list of "forbidden" psychedelic drugs does include, ironically enough, all of the most common and effective ones.

In any case, the causes (and effects) of selective drug prohibition in contemporary Western society are too involved to discuss here. My opinion is that drug prohibition is basically due to fear and ignorance on the part of an interested and powerful group of people, coupled with a mistaken belief that drug prohibition is or can be made effective in curtailing the use of certain drugs. Your opinion may vary. There are several excellent web sites devoted to information on drug policy, many of which may be accessed from <http://www.druglibrary.org/>

Do not make the mistake of thinking that just because a drug is illegal that it is unsafe, or that a drug is safe because it is legal. All drugs, psychedelic and otherwise, are potentially dangerous, but all of them can be used safely under the right circumstances, although in some cases these circumstances can be very limited.

Can I get addicted?

Psychedelics are not physically addictive. There are no withdrawal symptoms associated with cessation of use. As with any activity, including but not limited to drug use, psychological addiction is possible.

Studies to determine the addictiveness of psychedelic drugs show that animals actually *avoid* psychedelics (as opposed to, say, cocaine, which rats, given the choice, prefer to food and literally starve themselves to death). This is corroborated in human

studies and by nearly unanimous anecdotal accounts: After a trip, one wants to recuperate and maybe integrate what you have learned. Another trip right away is very rarely on anyone's mind. This is compounded by the fact that marked tolerance to a subsequent dose lasts for 2-3 days after a trip.

On the other hand, an enjoyable trip will probably engender a desire for another experience -- this is a natural psychological response. In some people, this can lead to frequent, repetitive use (more than monthly and as often as multiple times a week), against which you are strongly cautioned. Some people develop a compulsive attachment to psychedelic drugs, particularly LSD, that persists even when they find the effects unpleasant or downright scary. Beware also of the urge to take large doses without adequate preparation (at this point, don't even think about it). Psychedelics (obviously) disrupt your ordinary sense of reality; in moderation this can be beneficial and is a reason for using psychedelics, but it is impossible to stay high (in the true sense of the word) on any drug all the time, and you will do yourself great harm in trying.

A good rule of thumb is this: If you are using psychedelics more than once a month, then you have most likely reached a point where the negative aspects outweigh the positive.

Can I overdose?

Not in the usual sense of the word. One of the distinguishing features of most psychedelics (including psilocybin and LSD) is that they have very, very high margins of physical safety. In one instance, several people mistook crystalline LSD for cocaine and snorted over 1000 times the usual dosage. Some lapsed into comas but all recovered completely. The margin of safety for psilocybin is similar.

On the other hand, it is possible to take too much and freak out as a result of not being able to cope with such unexpected and profound shifts in your sense of reality. This is certainly unpleasant and should be considered an overdose of sorts, particularly since unanticipated high doses are the most common cause of bad trips. High doses can also potentially manifest or exacerbate psychiatric problems (see next question).

Can psychedelics make me crazy?

Psychedelics can, in susceptible people, trigger latent mental disorders. This is certainly the most frightening risk of psychedelic use, but it is often misstated and misunderstood. It does not mean that psychedelics can drive you randomly and unpredictably insane. It means that in people genetically predisposed to mental illness (schizophrenia, bipolar disorder, etc.), a psychedelic trip may happen to be the stress that causes the disorder to first manifest. It could just as easily have been something different, and the disease would have certainly manifested eventually anyway; there is nothing particularly special about psychedelic drugs in this regard.

Of course, this is scant consolation to someone who finds themselves in a mental hospital unable to come down from a trip. Those with a family history of mental illness would be well advised to avoid psychedelics, or to at least seek the advice of a

counselor, psychiatrist, or other professional, although finding one with a relatively open and non-judgmental view of psychedelic drugs can be extremely difficult.

It is worth noting that psychotic breaks and initial experimentation with psychedelic drugs both commonly occur near college age, which exacerbates both problems. Be careful!

Do psychedelics cause brain damage?

Psychedelic users have been tested for organic brain damage by several of researchers (Grinspoon & Bakalar 1997, 176ff). Taken together, the studies indicate that brain damage or deterioration in mental function does not reliably occur, even in very heavy users. A few subjects with a history of heavy, frequent use of psychedelics ("acidheads") suffer substantial adverse effects on their mental functioning. Such people typically have other drug and/or psychological problems, making it extremely difficult to determine cause and effect relationships, especially since other people with similar patterns of heavy use show no symptoms at all. Nor is it clear whether such effects are evidence of permanent irreversible brain damage or a temporary psychological syndrome.

In any case, research has adequately established that occasional use of moderate doses of psychedelics poses no such problems. Heavy use of any drug is ill-advised, regardless of specific evidence of negative effects (or lack thereof).

What about flashbacks?

Flashbacks are a possibility with any intense experience, such as a strong trip or an experience in combat. Medically, they are considered a symptom of "post-traumatic stress disorder". They are not caused directly by the drug itself or by any lingering effects (unless you consider your memory of your trip a lingering effect): LSD is water soluble and is soon excreted from the body. It does not accumulate in the spinal fluid and seep out to cause flashbacks or anything similar.

Psychedelic flashbacks are typically brief (seconds to minutes) and spontaneous reversions to the psychedelic state, and occur most often within a month of one's most recent trip. Only very rarely are they frightening or longer-lasting episodes.

What if I'm pregnant?

It is a good idea to regard all drugs as potentially dangerous to the fetus until proven otherwise. The same research that produced LSD also led to compounds widely used in obstetrics to stop postpartum bleeding. Such drugs induce contraction of the uterus, suggesting that use of LSD while pregnant could lead to premature labor. Although the dangers of psychedelic use while pregnant have not been conclusively demonstrated, and such drugs have probably been used by many thousands of expectant mothers, this should NOT be interpreted as evidence that such use is safe.

But I heard that...

- LSD does not accumulate in your spine or anywhere else in your body and thereby cause flashbacks. It is water soluble and is rapidly excreted from the body.
- LSD on the street does not contain strychnine or any other deliberate, dangerous adulterant. Strychnine is not used in the synthesis of LSD, nor is it needed to bind the LSD to the paper or make LSD cross the blood-brain barrier or anything else you may have heard.
- You are not considered legally insane after eating X hits of acid.
- You won't be charged with plotting to overthrow the government if you're busted with more than X hits of acid. You will, however, be charged with the weight of the LSD-containing material as if it were pure LSD, which can result in a very long prison term for a single sugar cube.
- LSD tattoos used to hook schoolkids on drugs are a myth based on the fact that LSD is commonly sold in the form of perforated squares of blotter paper impregnated with LSD and decorated with designs of various sorts -- including cartoon characters that might conceivably appeal to young children.
- If someone offers you mescaline it's really LSD. Really -- unless you're Jerry Garcia and your drug dealer is God. "Microdot" does not have enough mass to contain an effective dose of mescaline.
- A few people *do* report permanent visual disturbances after using psychedelics. This condition is termed "post-hallucinogen perceptual disorder"
- Any other wild-eyed rumors you've heard are probably also false, but please send them to me anyway, so I can respond to them and add them to this list.

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Recommended Reading

***Chocolate to Morphine* by Andrew Weil and Winifred Rosen**

Chocolate to Morphine is undoubtedly the best introduction to the general subject of drugs, why we use them, and what they do to us. It is written in clear, straightforward language, and aimed at adolescents, but it is never condescending or "dumbed-down" and is a worthwhile read for anyone (I like it so much I read it periodically just because its sane and compassionate perspective is so reassuring). The authors stress responsibility, self-reliance, and solid information rather than relying on the transparent propaganda so common to books in the "drug education" genre.

***Trips: How Hallucinogens Work in Your Brain* by Cheryl Pellerin**

This delightfully irreverent new book is an excellent account of "how psychedelics work", illustrated throughout by R. Crumb and the Zap Comix mob. Of course, we don't really know very much about how psychedelics work, but what little we do know is very interesting, and the complicated psychopharmacology is presented here in a very accessible manner. The author often lets researchers speak for themselves, but does not hesitate to interject her own opinions as well.

***Doors of Perception* by Aldous Huxley**

The subject of this brief essay, and its companion, "Heaven and Hell" is Huxley's now-famous 1953 mescaline trip and his discussion of the relationship between psychedelics and mystical religion. Highly recommended.

***Psychedelics Encyclopedia* by Peter Stafford**

This work is starting to show its age, but is still an informative and entertaining work for those looking for a basic reference work on the subject. For a much longer listing of books about psychedelics, see Psyllabus, Erowid link. To read these books, look for them at your local library, or order them from Mind Books. Put review links.

Acknowledgments

Let your light shine before others, so that they may see your good works and give glory to God in heaven

--Matthew 5.17

Although I take responsibility for the content of this document in its entirety, errors and all, it could not have been written without the ideas and criticism of many people.

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My views on psychedelic drugs have deepened and strengthened enormously as a result of discussions (sometimes arguments and flamewars) with many wonderful people. It is impossible to adequately express my gratitude to the online visionary community for providing a fertile intellectual climate, companionship and commiseration, and more than a few lifelong friends. In particular, I would like to thank the members of the Visionary Plants List, my entheogen-loving friends on the RAM list, and especially the Lycaenum and the denizens of channel #visionary.

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About the author

I am a graduate student enrolled in a PhD program in biophysics. My first experience with *any* non-medical drug occurred at age 18 when my "doors of perception were cleansed" by LSD. Since that time, I have devoted a not insignificant part of my intellectual efforts to understanding drugs -- particularly psychedelic drugs -- and sharing my knowledge with others.

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