

Erowid Extracts

A Psychoactive Plants and Chemicals Newsletter

November 2005

Number 9

Erowid.org is a member-supported organization working to provide free, reliable and accurate information about psychoactive plants and chemicals.

The information on the site is a compilation of the experiences, words, and efforts of thousands of individuals including parents, health professionals, doctors, therapists, chemists, researchers, teachers, and lawyers and those who choose to use psychoactives. Erowid acts as a publisher of new information as well as a library for the collection of documents published elsewhere, spanning the spectrum from solid peer-reviewed research to creative writing and fiction.

IN THIS ISSUE . . .

Recent News & Updates	2
Letters & Feedback	3
Get Better At Asking (Exp).....	4
Divine Meta Time (Exp)	5
Rumor and Ethic.....	6
Ask Erowid: Peyote Shelf Life	7
The Key To Happiness (Exp).....	10
LSD Symposium	11
How Do They Measure Up - I	12
How Do They Measure Up - II....	16
Conference Reports	21
Distillation	22

As Erowid's first decade draws to a close, we've reflected on the last ten years through re-visioning meetings, discussions with supporters, and a great deal of thought about the development of the project. One of the objectives of this process has been to envision how Erowid's mission and services can continue to evolve.

Our vision for how we want Erowid to impact the world has changed organically but significantly over the years as a result of our growing understanding of the complexities of this field of study. The original goal of the project—to help make needed information available to those who use psychoactive substances—has developed into a much broader set of concepts. One of these includes what could be called “drug culture reform”.

Because the work we do often points out the inconsistencies and irrationality of current prohibitionist policies, Erowid is often grouped with drug policy reform organizations. But our primary goal is not to change laws. Instead, we are developing a foundation of information and knowledge to help change the way society as a whole thinks about psychoactives. We hope to have an impact at all levels of culture, from personal choices to governmental decisions to societal views.

Erowid assists individuals making choices for themselves, their families, and their patients. But it also supports those individuals and organizations that work towards rationalizing drug policies, health care choices, and educational systems. The simple reality is that everyone is faced with choices about psychoactives on a daily basis; thinking carefully and clearly about mind alterants is no longer just for psychiatrists and members of disenfranchised subcultures.

One component of “drug culture reform” is the normalization of knowledge and open discussion about these topics. Though talking about personal choices with illegal substances may often be imprudent, we

encourage people to speak openly about the more general (and often complex) issues that touch on psychoactives.

We recently received a story from an Erowid volunteer that exhibits the spirit of this idea; it was accompanied by a photo

“If you have a great idea, solid science, and earthshaking discoveries, you are still only 10% of the way there.”

— David Tomei

of a man wearing an Erowid “So Many Schedules, So Little Time” t-shirt while holding a newborn in a hospital room. He wrote:

“Oddly enough, the shirt came in handy when talking with the nurses in the delivery room. They offered my wife fentanyl during the the last stage of delivery, but we both wanted a natural delivery. I made a comment that Schedule II narcotics were not the best thing for the baby. The nurse, a little puzzled, questioned my claim, at which point I referred her to my shirt [which lists the most common substances in each federal schedule]. I showed her that fentanyl ranked right up there with cocaine and methamphetamine. She did not offer us any more drugs after that. If we wanted any, I explained, we would ask.”

From birth to death, we move through a world of psychoactives. Although our views at Erowid continue to deepen and evolve, the initial vision has not faded: Information filtered into knowledge, built into awareness, and eventually crystallized into wisdom.

Earth & Fire

RECENT NEWS & UPDATES

Supreme Court Rules on Raich

On June 6, 2005, the U.S. Supreme Court ruled that the federal government has the right to prosecute patients who use medical marijuana, even in states where medical marijuana use is legal, and even in cases which do not involve cultivation, sale, or transport of cannabis across state lines.

The federal Controlled Substance Act relies on the (now virtually unlimited) right of the federal government to regulate interstate commerce. The Ninth Circuit Court of Appeals had previously ruled that the Act was unconstitutional when used to regulate local production and consumption of a drug intended only for personal medical use.

1. *Gonzales v. Raich*. U.S. S.Ct. 03-1454. Decision. Jun 6 2005.

DEA Uses Erowid Images

For the last six years, the DEA has occasionally used images from Erowid, uncredited, in various online and print publications. It has also, without permission, distributed our photographs as part of a free-use DEA collection. This first came to our attention in 2001 when we picked up a newly published book about psychoactives, only to find photos inside that we had taken. After contacting the author, we were told that he had been provided the images by the DEA, with no mention that it did not own the copyrights. Erowid is properly credited in later editions of the book.

The recent *2004 Annual Report of the DEA's National Forensic Laboratory Information System* features the unauthorized use of no fewer than nine images from Erowid's collection, this time all flanked by the text "www.Erowid.org". Although we applaud the improved source acknowledgements, we remain confused by the failure to request permission. The DEA clearly knows the images are owned by someone else, yet it continues to use them in violation of U.S. copyright law. Some of the images are not owned by Erowid, we simply have permission to display them. Further, none of the photographers are credited, one of our primary requirements for use.

1. Drug Enforcement Administration. *Year 2004 Annual Report NFLIS*. DEA. 2005.

Utah Rave Raided

In a well-publicized incident on August 20, 2005, a permitted rave in Spanish Fork Canyon, Utah was violently raided by law enforcement agents. Authorities claim that the rave, held on private land, did not have the required mass gathering permit.

The event's promoter says he did obtain all the proper permits. It does not appear that the sheriff's office will face consequences for its harsh use of military-style troops during the raid, but the ACLU has announced it will join in the lawsuit filed against the Utah County Sheriff by the Salt Lake City-based promoter.

1. <http://www.salon.com/news/feature/2005/09/26/rave/index2.html>

Marc Emery's Arrest

On July 29th, 2005, Canadian cannabis activist and cannabis seed vendor Marc Emery was arrested by Canadian authorities on charges of conspiracy to distribute marijuana, conspiracy to distribute marijuana seeds, and conspiracy to engage in money laundering. What is most interesting about this case is that these charges have been brought by U.S. law enforcement, who are asking that Emery be extradited to the United States to face trial and 10 years to life in prison.

Emery and two associates were indicted by a U.S. Federal Grand Jury in Seattle on May 26, 2005. A U.S. extradition request was filed, and a Canadian warrant issued for his arrest. He is free on bail while officials decide whether or not he will be extradited. This decision appears to lie in large part with Canadian Justice Minister Irwin Cotler, who could refuse extradition on a number of grounds, including: 1) if it appears Emery is being prosecuted for a political offense; 2) if there is considerable disparity between Canadian and U.S. sentences for the charges he faces; or 3) if the crimes Emery is charged with are not crimes in Canada.

Whether the sale or possession of cannabis seeds is illegal in Canada has yet to be fully decided. The language of the Controlled Drugs and Substances Act does not explicitly forbid cannabis seeds: outlawing only "cannabis, its preparations, derivatives and similar synthetic preparations." Yet in 2000, a Canadian Court of Appeal confirmed

the conviction of hemp shop owner Ian Hunter for selling cannabis seeds. Judges based this decision on a separate clause that legalizes "non-viable cannabis seeds", interpreting it to mean that viable seeds were forbidden.

Despite this controversial decision, Emery and other shop owners continued to sell cannabis seeds openly without arrest or prosecution. Until two years ago, the Canadian federal government referred medical marijuana patients to Emery's business to purchase seeds.

It is possible that Justice Minister Cotler will deny extradition. Whatever the decision, the outcome may have significant implications for Canadian cannabis law and for U.S.-Canadian relations.

1. McKnight P. "Cotler caught in a web of hemp." Vancouver Sun Electronic Ed. Sep 10, 2005.
2. Federal Grand Jury Indicts Marijuana Seed Distributor. U.S. Attorney's Office Press Release. Jul 29, 2005.

U.K. Ban on Mushrooms Complete

The legal sale of fresh psilocybin-containing mushrooms in the United Kingdom has come to an end. Although the law making possession of unprocessed psilocybin mushrooms illegal was passed in April 2005, it did not go into effect until July 18, when the British government clarified that it does not apply in cases where people accidentally pick or inadvertently have these mushrooms growing on their property. This clarification came in response to earlier criticisms that the law could mean that the Queen was guilty of mushroom possession because of mushrooms that grow on Royal property.

While we were in London speaking at DTL's conference in June (see page 21), we noticed many shops still openly advertised the sale of magic mushrooms; we enjoyed visiting the vendors and chatting with them about the odd legal situation. One vendor attending the conference had to leave in the middle of the day after receiving word that the police were at his shop to close down mushroom sales. Over the next three weeks, London shops ceased sales, and the three-year era of legal psilocybin mushrooms in the U.K. ended. ●

Keep it up! Such a (in)valuable resource you are! I'm a professor and I've begun to put your site on a handout I give to all my students, as a source of reliable, straight information.

— DR. Y
Erowid Member

I have used this site for almost two years now. The information available—thanks to well-researched, well-balanced articles—is invaluable. I also take reassurance in the fact that there are others like my partner and myself wanting to have and share these experiences in an attempt to be human in an often-inhuman world, which equates success with money. To my credit I will never be officially successful then. This site sees through that.

— E4ME
From Submitted Experience Report

Keep up your vital work and well done for your exceptional efforts!

— TOM L.
Erowid Member

I am a big fan of your site. I like how you offer unbiased information about psychoactives, but I noticed that of all the things your site offers you do not seem to have a help area for addicts or people with drug related problems. I think that if you add a forum where people can help each other beat addiction it would help a lot of people who can't afford to check into rehab or have no one to turn to for help.

— DAN
Email to Erowid

THANKS for what you do! It's particularly important these days that you even EXIST, given the fascist, irrational trends, AND—you're refreshing! Like lovely diet cherry-coke. Thank you.

— SAM H.
Erowid Member

Thank you friends! It's pleased me tremendously to watch you grow over these years (I think I've been there since you went live...) and to see you haven't sold out like so many in the movement have...

— PETER V.
Erowid Member

Ok, your site is the best on the web without the slightest bit of doubt, but the domain name is really strange for the common masses. I forgot the site name and even had to google "erowid" to find it again. If you want your website to reach more people and get even more hits, maybe look at registering another name and forwarding it to the site?

— MCLAREN
Email to Erowid

I want to especially thank the team behind Erowid, I truly believe in the importance of the information that is shared in this space.

— OLIVIA J.
Erowid Member

I am such a huge fan of your site and grateful for all the help it has given me over the years that I have taken the liberty of giving it extensive praise, personal recommendation and even two specific addresses for your site in one of the documents in my book which is soon to be published.

— BRIAN
Email to Erowid

Keep up all the excellent work. I cannot put into words how appreciative I am that such a database of information exists. You already know this, but you guys rock. Truly.

— WYRDY
Erowid Member

This website is amazing. It is a lifesaver. It is the best and most thorough source of drug information that I have ever seen, and I do a lot of research. This website needs to stay around so that it can continue to be a help to society.

— CURT
Erowid Guestbook Entry

A friend turned me on to your site. It's fabulous. For a large portion of my adult life I have experimented with psychoactive drugs, plants, and plant extracts [...]. Most of my experiences involve PCP and another hallucinogen, so I guess I have some stories to tell, but I'm mainly writing to praise your righteous endeavor, what a website!

— O
Email to Erowid

Head Archivist Fire Erowid

Technical Director Earth Erowid

Associate Editor Sylvia Thyssen

Art Curator Christopher Barnaby

The Erowid Review Scott O. Moore

Erowid Extracts Editing
Fer, Fignant, Scotto, Urge, Veek, Zachawry

Crew
Stu, Mindwarp, Psilo, Bo, Embroglio,
BilZ0r, Cea

Report Reviewers & Triagers
3lf, Amittlmr, Baron, Biglo, Blinkidiot, Bluedolphin, Complex, Crayon, Fbaur, Dr.Wild, FlowGnome, Fractals, HippieD9, Keith, Gazman, LaMalice, Metasyn, Murple, Namaste, Oliver, Optic, Pocketwatch, PsycompUK, PsyKey, Pulsar, Raoul, Scruffels, SSC, SugarMagnoliaGirl, Uil, Veek, Vivifica, Yggdrasil, Zetetic

Erowid Extracts is the members newsletter of Erowid.org. It is published about twice a year. If you are interested in receiving this newsletter, visit our membership page:

<http://www.erowid.org/donations/>

If you would like to cancel your subscription to *Erowid Extracts*, please let us know. Past issues can be read online.

<http://www.erowid.org/extracts/>

Erowid
P.O. Box 1116
Grass Valley, CA 95945
<http://www.erowid.org/>
info@erowid.org

ISSN 1548-8071
© 2005 Erowid.org
All rights reserved

Reprints: Those interested in reprinting articles from this newsletter should contact Erowid by email.

Advertising: *Erowid Extracts* does not accept advertisements, but if you would like to include a flier about a related organization or event in our mailings, contact extracts@erowid.org.

Address Changes: Can be submitted through the form at: https://erowid.org/donations/donations_update_address.php

Know Your Body
Know Your Mind
Know Your Substance
Know Your Source

Get Better At Asking Questions, by Samanthe

A friend and I decided to smoke *Acacia obtusifolia* extract to mark the closing of several days of self-inquiry and metaprogramming, enjoyed at a beautiful private property several hours outside the city where we lived. The night before we had each done 100 mg of MDMA and had a sweet evening of bonding and magical work. We were poised to dismantle our altar and drive back to the city.

The plan was to each formulate a question to ask of the *Acacia* spirit, in the style of an elder for whom we had sat three days before. At that time, we sat for her as she smoked hit after hit of *Acacia* (a new substance for her) and sought answers to a succinct question. This

woman has been working with psychedelics for 40 years and is an inspiring example of their mindful use. When she came out of the experience, she began relating what answers had emerged to her question and we transcribed them onto her computer for future reference. I felt honored to witness her introduction to a new material. Here, several days later, I was to have my own modest taste of it.

The Encounter

I'm really not inclined toward the blast-off technicolor mindbending excursion of smoked DMT, which I once promised myself I would never do again. But I had heard such

interesting things about the gentleness of *Acacia* that I forged past my fear to try it.

My friend prepares the pipe with the smoking blend, showing me the intended crumb of resinous brown extract. "Oh just half of that, please." My intention is to have a taste, an introduction, not a trip. Wreathed by the silence of the woods around the yurt where this is taking place, I state my question and take a sip of the smoke. Then I try another. A sudden feeling of gravity surges down my body, startling me into quickly handing my friend the pipe. Then I close my eyes, steady my breath, sit up straight, get attentive to what I see, and revisit my question. I throw in some prayers and affirmations for good measure.

I am present and in control rather than feeling required to endure something I can't handle. This is a smooth encounter, a conversation, rather than a journey. The visuals are extremely mild; muted dark blues and yellows form gently morphing arabesques. I attempt to scan what I am seeing and feeling for "meaning" and whether there is a response to the scanning (there isn't really). I notice how my body feels—very gravity-bound, on-the-earth, with no unusual tension; is this what people mean by feeling grounded? Because this is not how I usually feel. The vibrations become evenly distributed, with a concentration behind one of my eyes.

I realize that my questions were too big for this experience, no "answers" are coming through, but what I am left with is "learn to ask better questions" which is a fine bit of insight. Also, the medium of the information seems to be embodied rather than just thoughts. I can see focusing more on the body sensations with breath and movement, to elicit more information, or release of blockages.

After about 10 minutes, feeling serene, regal and comfortable in my body, I open my eyes and look at my sitter-friend. Once her experience is over, I write down some brief reflections in my journal.

What a treat to have explored a tryptamine without feeling overwhelmed. I would work with this material again. ●

Erowid.org/exp/exp.php?ID=46139

ACACIA FACTS

Family: Fabaceae (=Leguminosae; Mimosaceae)

Genus: *Acacia*

Species: *obtusifolia*

Common Names: Stiff-leaf Wattle, Blunt-leaf Wattle

General: *Acacia* is a genus of shrubs and small trees that grow throughout the Southern hemisphere. There are more than 1,350 species of *Acacia* worldwide.

Description: *Acacia obtusifolia* is an erect tree growing from 3 to 8 meters tall. Its long narrow leaf-blades (called "phyllodes") grow up to 25 cm long and are primarily green with yellow, orange, and red highlights. Their thickness and microscopic resinous margins differentiate it from other similar *Acacia* species. It produces long tufts of cream to pale yellow flowers in late spring and early summer.

Range: Grows in coastal forests of SE Australia including New South Wales, NE Victoria and SE Queensland.

Alkaloids: A number of *Acacia* species have been found to contain psychoactive tryptamines. The bark of *Acacia obtusifolia* has been reported to contain .15% tryptamines including N,N-DMT and small amounts of 5-MeO-DMT.

References

1. WattleWeb. Royal Botanical Gardens Sydney. Accessed Oct 15, 2005 at <http://plantnet.rbgsyd.gov.au/PlantNet/wattle/intro.html>
2. Mulga. "HPLC-MS Analysis of *Acacia obtusifolia*." *Entheogen Review*. 2005;14(1):113.

Acacia obtusifolia extract

Divine Meta Time, by Shamanatrix:27

At the end of a five-day-long retreat, I decided to close the circle with an *Acacia* journey. I felt very centered. Because I have smoked tryptamines before, I knew how intense this experience could be. I chose to wait to smoke *Acacia* until I was in a very grounded state within, with plenty of time focused on the creation of a clear intention/question to pose to the journey. Through lots of tripping/entheo experiences, I have come to the innerstanding that my entheo-adventures are most useful when I have a clear intention or question that I can bring to the experience. It has become increasingly less interesting to just “party” or have purely recreational trips. Although I do love to trip for fun, I feel that the edge of the psychedelic frontier for me is best reached with a certain amount of intention, focus and preparation.

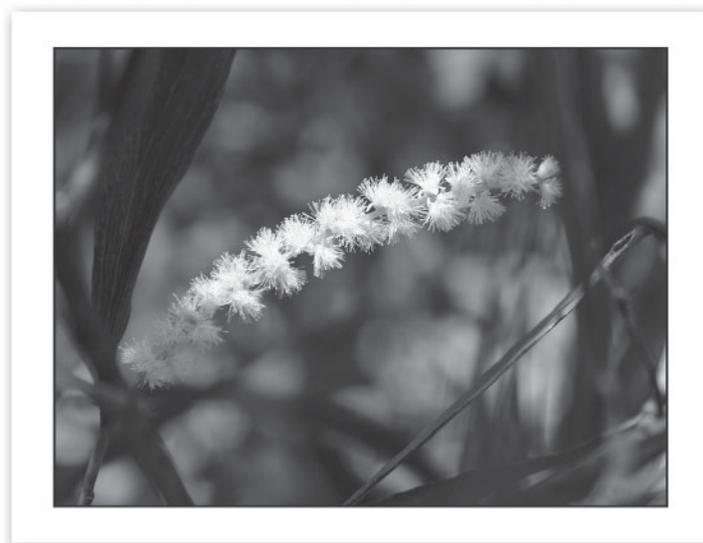
The setting: We were in the middle of the woods, in a protected quiet place. Beginning with the calling of the directions and inviting of allies five days before, my dear girlfriend and I had opened a ritual circle to help make our surroundings sacred. It felt really good to have a friend/co-pilot sit for me who could hold space and guardian me from burning myself or from hurting myself or the environment around me. My intention was: “To learn more about the relationship between art and healing. I want to know how to combine these modalities in order to serve the healing of the planet.” My friend smoked first. She had an intention that she too verbalized out loud. I sat in silent meditation, weaving a matrix of glowing full-spectrum love light from my hands with the intention of holding a safe space and to perhaps enhance her experience. After about 10 minutes, she came back from her journey looking very VERY peaceful and alive. We processed her experience briefly, then prepared the pipe for my turn.

I smoked a crumb approximately the size of a baby aspirin, about double the amount she did (I know this because I packed the pipe for us both). I felt ready to have a full-force experience, without feeling the need to completely blast off and forget my body and my question/intention. Then it was my turn. I took many tokes from the small glass pipe

that was filled with the *Acacia* extract and an herbal blend free of tobacco and cannabis. The mix included mugwort, sage, lavender, elephant head, etc. I have learned from past experiences that I prefer the *Acacia* without cannabinoids. I had to re-light several times and took about 7-8 draws on the pipe to combust the majority of the contents. At first I felt a deep sense of gravity wash over me and I felt very heavy. Then a series of vibratory waves took place from my head down, almost like a massage for my spirit and organs. I repeated my intention/question during this time of receiving the vibrational waves... and immediately I got my answer, that a project that I have started with some friends is the immediate outlet for my call to combine art and healing for planetary healing. The message came through: every project that I am currently involved with is one in a series of tests for me to show up and prove myself and my abilities, to be present and exhibit “follow-through”, which is one of the challenges that I am working on at a personal level.

I felt really happy to receive this message. It felt very appropriate and fulfilled my yearning for answers. I felt like I had just had a really effective therapy session, and it was only a couple of minutes, instead of a couple of hours. Plus, the wisdom came from my own self, bubbled out from my core...inherently making the information more meaningful. From there I asked: “What else do you have to show me/teach me?” I went on a most delightful journey through a series of transmissions and visuals. The visuals were different from any of my previous tryptamine

experiences. They were exclusively of Haida origins (Northwest Coast Native artwork). I saw a slew of zoomorphic images all in 3D and varying two-color combinations, mostly complementary colors, which made the images “pop” and added to the 3D appearance.



Acacia obtusifolia flower
Photo by Zariat

There were personal messages encoded like: “you are a dancer” and “drink less caffeine”. There were others of an intimate personal nature, and there were even some glimpses of Earth from space and how going into the vast reaches of the psychedelic experience affects the field of the planet. All very affirming and relatively mellow! I sat in lotus position during the entire experience, doing a series of movements with my hands and arms. From smoking to coming out of the experience telling my friend about my time, I think was a total of 10-12 minutes. I am so glad that I did this trip. Wow. I definitely feel that doing a bit less than the super-duper dose, which many of my community-mates like, was better for me. I totally understand the truth behind “less is more”. For me in this experience, that definitely rings true. ●

Erowid.org/exp/exp.php?ID=46020

RUMOR AND ETHIC

Careful Communication as a Harm Reduction Measure

by Sylvia Thyssen

Adapted from a talk given at Mind States VI, Palace of Fine Arts—San Francisco, CA May 29, 2005

Recently, while preparing a presentation for the Mind States conference, I plugged the words “harm reduction” into an anagram generator (software that helps find new meaningful arrangements of the letters from a word or phrase) to stimulate my imagination. “Rumor and Ethic” was one of the results that caught my attention.

While the best known examples of harm reduction include things like needle exchange and pill testing programs, peer-to-peer communication is also an important

“While the best known examples of harm reduction are organizational efforts, peer-to-peer verbal exchange is also a primary carrier of harm reduction information.”

component. The anagram “Rumor and Ethic” struck me because “Rumor” hints at how harm reduction messages are often exchanged person-to-person. “Ethic” suggests the value of using care and accuracy when crafting messages that will become part of these peer-transferred messages.

The specific language used to describe psychoactive drugs and experiences can deeply imprint on the thoughts and actions of others. The crafting of ideas, words, and styles to communicate a particular set of ideas and behaviors, a practice we call “meme cultivation”, can have a significant impact on not only individual, but societal understandings of psychoactive drugs.

Memes are about memory and interest. If a message reaches people in the right easy-to-remember form, they are more likely to pay attention, yet harm reduction messages must be designed to be carried peer-to-peer without dangerous information loss.

One of the problems with peer-based information distribution is highlighted in the classic “telephone game”, where errors may be introduced into a message with each transmission. A person in the communication chain can degrade the message or potentially transform and improve it. By proactively quashing rumors and errors before they become seen as “truth”, knowledgeable and careful members of the network can help correct and reduce the damage done by the media and government. Some of the most common problems that occur in peer-transmitted information can be reduced with a little care on the part

of better-informed peers. Using precise language, avoiding the unqualified use of the word “drug”, being wary of oversimplified messages, and being willing to say “I don’t know” are just a few examples.

Use Precise Language

The use of precise and careful language can help entrain people to be more careful with their actions. Questioning and clarifying ambiguous terminology used by others can raise awareness of substance-related health and safety issues. Consider “speed”, a term that is used for everything from street methamphetamine and 4-methylaminorex, to pharmaceutical products like Adderall

or methylphenidate (Ritalin), and even ephedrine. All of these have been referred to as “speed”, yet each has unique issues that could impact harm reduction. Informed peers can qualify the term by using phrases like “some kind of speed” or “speed, probably methamphetamine” which may both help clarify dangerous misunderstandings and point out that the term, by itself, does not have a single meaning.

The term “Ecstasy”, while probably sufficient when referring to “a random pill we know very little about that someone got at a rave”, is also used for everything from pure MDMA to other MD* compounds and even for GHB (sometimes called “liquid ecstasy”). In cases where confusion is possible, it can be useful to ask specifically what substance is being referred to.

Similar considerations exist when describing dosages. Because of the nature of the underground market, people often don’t know the exact dose they are taking, yet dosage is a primary safety consideration. It’s easy for people to become careless about the words they use. Ask what someone means when they say they took “one dose”. Ask if they know how many milligrams or micrograms, and if they do, how do they know? Was the dose measured or eyeballed? How was it measured and with what equipment? This can open conversation about the importance of dosage considerations. Such discussions can point out that, even with illicitly-manufactured materials, dosage is still under the control of the individual: pills or capsules do not have to be taken whole, rather than taking a larger dose one can start low and take more later if necessary, and doses measured by someone else can be verified with a scale.

Adding precision to casual speech can sound awkward at first—you may get some

funny looks if you refer to MDMA instead of Ecstasy, or “a half milligram of alprazolam” instead of “one Xanax”—but it can introduce the concept of accuracy among those with whom you interact.

Highlighting issues of dosage can point out how differently each person can be affected and how different body weights and sizes can impact dosage and effect levels. If someone is told by their peers to simply “take one pill”, they have little to go on and may run into unintended consequences. Increased precision and detail in language is essential to improving the culture of psychoactive drug use.

Why “Drug” Is Not Enough

Erowid tends to avoid the use of the word “drug” alone when something more specific is meant because the word is so often used to obscure the important distinctions that are key to harm reduction and education. Harm reduction is often about helping people differentiate between choices that carry different levels of risk. Making good choices regarding psychoactives without distinguishing carefully between substances is nearly impossible. There is a big difference between psychedelics and antibiotics, stimulants and depressants, prescription pharmaceuticals and street methamphetamine, yet all are covered indiscriminately by the term “drugs”.

If a woman seems to be having problems and all we know is “she’s on drugs”, we have nowhere near enough information to make useful decisions about how to help her. Is she nodding off, having taken too much heroin? Is she twitchy and paranoid, having taken some sort of stimulant? Is she on LSD, or perhaps a regimen of Prozac, or having a bad reaction to antibiotics? In this area, meaningful distinctions are critical.

When the term “drugs” is allowed to stand alone to mean “that poorly-defined group of bad drugs or pharmaceuticals used in disapproved ways”, we lose an important harm reduction battle—getting people to think carefully and with nuance about psychoactives. We also lose an opportunity to make people aware that powerful psychoactives surround them. Knowledgeable community members can help by asking more questions about the types and identities of drugs that are meant when the unqualified term “drugs” is used in place of more appropriate specific terms.

Framing and Expectation

Clearly, the descriptions we use can program people’s expectations. Simple

changes in word choice and framing can have a significant impact on how other people will interpret what we say. Consider the following three examples, which describe briefly what eating psilocybin mushrooms is like:

- 1) Eating mushrooms makes you trip out and see weird shit!
- 2) When I ate mushrooms the first time, I saw a strange vision of an alien circus.
- 3) After eating psilocybin mushrooms, some people report visual changes or even full-blown hallucinations.

These three ways of describing the same phenomena can have very different meanings to someone who has never taken mushrooms. The first example implies that this single experience is what will result from ingesting mushrooms; it does nothing to prepare a novice for the variety of fundamentally different experiences they may actually have. The second example also describes a specific experience, but it clearly presents one possible outcome for one person on one occasion, rather than implying that there’s a quintessential mushroom experience. The third example states that different people will experience different things, but that hallucinations are one thing that at least some people report.

Each of these descriptions may have its place in different contexts. The choice of which voice to use can influence not only expectations, but also the way listeners make choices that could impact their physical and mental health.

Avoid the Universal “You”

Although the second person “you” is commonly used during casual speech, in statements like “Ecstasy makes you feel love for everyone”, it should be avoided whenever possible. Phrases such as “you should” or “you will” neither communicate a personal experience (better conveyed with “I”) nor really make a statement about the range of responses that may occur. Using “you” can be dismissive of someone else’s experience and choices, and may obscure or ignore that a range of factors such as body type, set and setting, interactions with medications, allergies, or other mitigating circumstances can lead to dramatically different reactions. Becoming aware of how often the second person “you” is used by people who actually mean “I” (especially when describing personal experiences) can help improve how we communicate with others about what is

Rumor:

- 1 : talk or opinion widely disseminated with no discernible source.
- 2 : a statement or report currently without known authority for its truth.

Ethic:

- 1 : the discipline dealing with what is good and bad and with moral duty and obligation
- 2 : a theory or set of moral principles or values
- 3 : the principles of conduct governing an individual or a group
- 4 : a guiding philosophy

Harm Reduction:

- 1 : a set of practical strategies that reduce negative consequences, specifically of drug use.

* Merriam-Webster, Webster.com

* Harm Reduction Coalition, harmreduction.org

unique and individual, and what is shared and common.

Never Say Never

When discussing psychoactives or their use, extreme modifiers such as “always” or “never” are best avoided. Absolute language is often just plain wrong since exceptions are easy to find: when people are in a mood to disagree, absolute language increases resistance. In the interest of promoting accuracy, we need to build and spread memes that are not easily falsified.

Perhaps the classic problem with exaggerated assertions is that if they are seen to be wrong, other messages that accompany them may also be discounted. For example, even if people commonly think that mixing substance A and substance B “always” results in a bad reaction, there are many factors (such as dosage) that could keep a bad reaction from occurring. If someone mixes them and doesn’t have a bad reaction, it may lead them or their friends to dismiss other risk-reducing measures.

This is similar to the problems with sensational government messages that complicate harm reduction efforts. One of the most common criticisms of the anti-cannabis

“Clean needles save lives”

**“Know your body,
know your mind,
know your substance,
know your source”**

“Less is more”

“Don’t drink and drive”

“Drink water”

“Fuck safe, shoot clean”

“Use condoms”

campaigns is that they exaggerate deleterious effects in hopes of keeping people away from trying cannabis. These exaggerations may work in the short term, but often end up causing the most important points of the message to be ignored when parts of it are later found to be exaggerated.

Language that allows for nuance, like “sometimes”, “often”, “in many cases”, “you may want to” or “you might consider”, suggests that listeners should weigh the issues themselves, take responsibility for their choices, and then make decisions. Careful phrasing also gives other people more room for their own experiences and for all the scenarios they may face when taking psychoactives, including no effects or unexpected effects. There may be exceptions when exaggerations are appropriate (like when dealing with a psychedelic crisis, where a person may wish for the reassurance of an ultimate truth), but in most cases, nuanced messages promote self-responsibility and informed decision-making.

Know Where the Data Comes From

People naturally tend to want to speak with authority, yet this impulse often results in an impression of the speaker as the source of the information they’re conveying. Knowing the source of the data, or having the ability to cite specific sources, demonstrates that awareness of where information comes from can be as important as the information itself.

Asking people for the source of their information helps spread the idea that

researching and supporting claims that affect health is important, although questioning may need to be done carefully, since it can be seen as insulting. If someone uses Erowid as a reference, it is prudent to consider whether they read an experience report, a peer-reviewed article, a well-researched independent paper, an entry in the Guestbook, or data from some other part of the site. Maybe they read an archived FAQ from 1997 that no one has updated in eight years!

Admit What You Don’t Know

This brings up the three important words: “I don’t know.” There is often pressure to offer simple answers to complex questions. But when it comes to information about psychoactives, everyone is better off if people just admit to not having information rather than making something up. For example: “Is MDMA neurotoxic?” There is no pat answer, and anyone providing one is likely to be simply wrong.

Acknowledging ignorance about something can spur others to research the answer, lead to fruitful discussions about why the answer is not known, and motivate people to put more thought and care into their actions as they realize the complexity and unknown risks of their activities. Answering “I don’t know” can also open the door to other people admitting the edges of their knowledge and promote further dialogue.

Beware of Simplistic Messages

Unfortunately, as we become more aware of how the words we use impact others and shape their choices, the messages can get longer and more complex. That is why slogans and simple messages are popular: they stick with us. Being memorable, they can serve as useful reminders to be safe.

One of the difficulties of harm reduction is that complex issues often have to be distilled down into simple language: easily-remembered phrases are forced into the role of carrying harm reduction messages. This is a double-edged sword as people come to rely on the slogan at the expense of more detailed knowledge. Sometimes the simplest memes are the most likely to be misinterpreted.

One common example from the electronic dance culture illustrates how dangers can hide in a simplistic message. The harm reduction message “drink water” began as a useful reminder to stay hydrated when taking MDMA at a club or party, where attendees are more likely to get dehydrated or, in an extreme case, develop hyperthermia (unusually high body temperature). Even

those who are under the influence of a drug can generally understand and remember this two-word message.

Unfortunately, there have been some incidents where people have died of hyponatremia (a deficiency of sodium in the blood) because they were encouraged to “drink more water” when they started to feel sick after taking Ecstasy. While the meme probably helps more people than it hurts, “according to C. Haller, MD from the California Poison Control Center in San Francisco, hyponatremia (although actually rare among users) is one of the most common causes of ecstasy deaths or serious injuries.”¹ In the 1990s, the “drink water” meme was usually missing the critical and unspoken “but not too much” modifier. A more accurate rendition would be, “Drink water, but not too much. Drink around one pint per hour or one glass for every serving of alcohol, especially if it’s really hot”. But this wording lacks the immediate impact of “Drink water!” The longer version might become garbled and dangerously inaccurate as it passes from person to person; yet the appropriate water dosage and context are medically important nuances. So, although simpler messages are easier to remember, they also have a greater chance of being misinterpreted and perhaps even causing harm.

Simplicity vs. Accuracy

This tension between memorable and complete is at the heart of the meme cultivation challenge, yet all too often it seems to be resolved in favor of incomplete information. Memes are the memorable hooks that lead to the more complex message. But the complex message is often what we are trying to communicate. Educators, informed peers, harm reduction workers, and writers can help limit the spread of incomplete or inaccurate rumors by promoting an ethic that encourages careful communication. The problems with psychoactive drug use are diminished as better-informed members of peer networks step up and not only correct errors but also help people evolve the way in which they share information.

Those who read articles like this or attend harm reduction talks at related conferences are people who have the knowledge and interest to make a difference in their communities by raising the general level of awareness about these complex issues. ●

1. Erowid. “Water Issues with MDMA Use: Dehydration, Over-Hydration and Heat Stroke.” Erowid.org/mdma/mdma_health_water.shtml

WHAT IS THE SHELF LIFE OF PEYOTE ?

A common question we are asked is how long various psychoactive plants or chemicals can last before breaking down. New light has recently been shed on this question as it relates to peyote and mescaline.

The October 2005 issue of the *Journal of Ethnopharmacology* describes two specimens of *Lophophora williamsii* (peyote) in the collection of the Witte Museum in San Antonio, Texas. Though museum records are somewhat vague, these samples were most likely found by George Martin in 1933 as part of an archaeological dig in a series of caves near Shumla, Texas along the Rio Grande.

Carbon dating had been previously conducted on the two specimens but no details were published about the results. This previous testing is mentioned only in a 1989 book review by Peter Furst, who notes that he learned via private communication that the samples were reportedly 7,000 years old.

Recently, the museum curators gave permission for samples to be taken from these two peyote buttons to undergo carbon-14 dating as well as chemical analysis.

Radiocarbon Dating

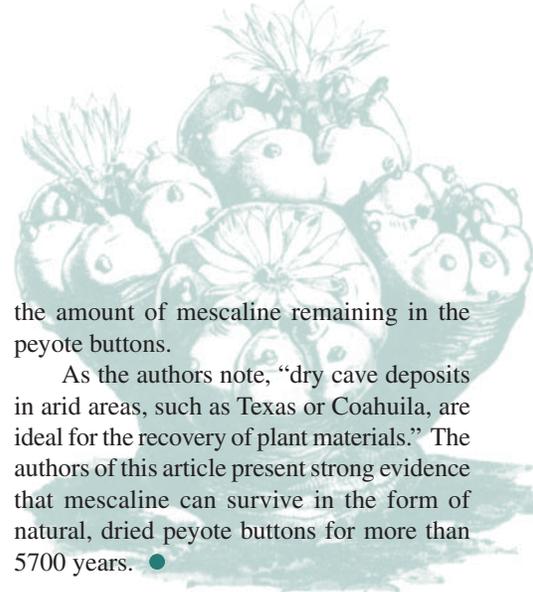
The results of radiocarbon dating found that both samples are from approximately 3800-3640 BCE, making them about 5700 years old.

The earliest previous evidence of peyote's use by humans was from an archaeological site in Coahuila, Mexico, dated to between 810 and 1070 CE. These new test results are some of the best documented evidence of early peyote use by native North Americans.

Chemical Analysis

The peyote samples were analyzed by thin-layer chromatography (TLC) and gas chromatography/mass spectrometry (GC/MS). Both samples were found to yield an alkaloidal content of approximately 2% of their dry weight. These extracted alkaloids were found to include mescaline.

Mescaline was the only peyote alkaloid identified in the samples. They were tested for lophophorine, anhalonine, pellotine, and anhalonidine, none of which were found. Unfortunately, the article did not quantify



the amount of mescaline remaining in the peyote buttons.

As the authors note, "dry cave deposits in arid areas, such as Texas or Coahuila, are ideal for the recovery of plant materials." The authors of this article present strong evidence that mescaline can survive in the form of natural, dried peyote buttons for more than 5700 years. ●

References

1. El-Seedi HR, Smet PA, Beck O, Possnert G, Bruhn JG. "Prehistoric peyote use: Alkaloid analysis and radiocarbon dating of archaeological specimens of *Lophophora* from Texas." *J Ethnopharmacol.* Oct 3, 2005;101(1-3):238-42.
2. Martin GC. "Archaeological explorations of the Shumla caves." *Witte Memorial Museum Bulletin.* 1933;(3).
3. Furst P. Rev. of *Peyote Religion: A History*, by Omer C. Stewart. *American Ethnologist.* 1989;16:386-387.

ORGANIZATIONAL UPDATES

MAPS (maps.org)

Almost half of Stage 1 of the MDMA/PTSD study has been completed. There have been no Serious Adverse Events during any of the experimental sessions and the outcome data looks promising. Protocol design has begun for a study of LSD and psilocybin in subjects with cluster headaches. MAPS is in the midst of a lawsuit against the DEA over whether it is in the public interest for the DEA to issue a license to Prof. Lyle Craker, Department of Plant, Soil and Insect Sciences, U-Mass Amherst, for a MAPS-sponsored facility to produce cannabis exclusively for federally-approved research.

DanceSafe (dancesafe.org)

Dancesafe testing kits, drug cards, and "Is it Really Ecstasy" poster were slated to be part of the exhibition "Safe: Design Takes on Risk", currently at New York's Museum of Modern Art. In a disappointing and troubling development, only a postcard on the dangers of hearing loss was included in the final show and the group's mission was described as "protecting hearing loss and getting home safely", with no mention made of drug-related safety issues.

EcstasyData (ecstasydata.org)

The EcstasyData lab testing program is out of funding. Testing has been stopped until further financial support can be found.

SSDP (ssdp.org)

SSDP continues to work with other groups to try to scale back the drug provision of the Higher Education Act (HEA), which blocks federal financial aid to students who have a drug-related offense on their record. Despite their efforts, in July, the U.S. House Committee on Education and the Workforce rejected an amendment to the College Access and Opportunity Act of 2005 (H.R. 609) which would have repealed the HEA drug provision. A current Senate bill (S. 1614), designed to amend the HEA, would remove a question related to drug possession from the federal application for financial aid, though a question about drug sales would remain.

CACLE (cognitiveliberty.org)

The CACLE was recently awarded official "consultative status" to the United Nations' Economic and Social Council (ECOSOC). This allows CACLE to offer consultation on economic and social issues to the ECOSOC and allows CACLE staff to attend certain meetings. After five years as CACLE director, Richard Glen Boire has returned to his private law practice, which specializes in defending people charged with psychedelic and other forbidden drug offenses (www.convictionfree.com). He still serves the CACLE as its Senior Fellow in Law and Policy.



The Key to Happiness ...Is In the Mind

AN EXPERIENCE WITH LSD-25, BY OZJONO

It has been just over a year since my first and only LSD experience, but the impression it has left on my waking life is no less than it was a day after I took the substance.

A little background is first necessary before I delve into the long story that this trip report will undoubtedly become. I was 19 years old at the time, and not exactly new to altered states of consciousness. I had experienced mushrooms four times previously, ecstasy numerous times, nitrous oxide, speed and smoked weed almost every day. I was also at a stage in my life where I wasn't quite sure of who I was in the world and, as I later realized, not very aware or "awake" in the Buddhist sense.

My experience on LSD, during the first semester holidays of my second year of university, was to change all that in a dramatic way. A friend of mine, whom I had always considered a close friend, had obtained some trips and we planned a day to trip together. We had had mushroom experiences and ecstasy experiences together in the past, and I figured that I was ready for whatever LSD was going to throw at me.

We took two blotters each at around 11:00 in the morning, at my house (I share a house with some university friends), and sat around on the verandah in the sun waiting for it to come on. About 15 minutes of cigarettes and idle chatter passed before we decided to walk to the store and get some juice and something to eat. The trip to the store passed uneventfully, and we returned to my house approximately half an hour later, still with no noticeable effects. We decided to put on some music (Radiohead - Amnesiac) and sit in the lounge room listening to it.

I started to notice a mild alteration of perception, and a slight lethargy come over me. My friend was noticing similar effects. The music also started to sound different, and if I closed my eyes I could almost feel myself melting into the couch. After listening to the music for a while we decided to venture outside to explore. By

this time my perceptions were heavily altered with everything taking on that unexplainable look that only a trip can cause. I remember walking past a neighbour's house and being unable to keep myself from laughing at the strangeness of the plants in his front garden. We walked the streets for a while, laughing and "exploring" the normally familiar neighbourhood that had taken on an entirely different appearance due to the LSD. I remember thinking that the arrangement of plants in everyone's gardens looked so fake and artificial. The chaotic expression of nature had somehow been curtailed with this strange arrangement of plants all in neat little rows, an assortment of plants that would never be found in similar locations in the wild.

Somewhere around this point in time, I started to have an uncontrollable flood of introspective thoughts, from what must have been my subconscious. We made it back to my house, and I was beginning to feel quite anxious, edgy and generally negative. My friend and I smoked a few cones, and although I was momentarily amused by the whole action of smoking and the novelty of the bong, the weed didn't seem to have any effect on the experience at all. The introspective cascade that was beginning centered around issues that plagued my life (and probably most people's lives), but which I would normally refuse to acknowledge at a conscious level. They were surfacing at a rapid rate and I was being forced to accept them, and deal with them.

It was very stressful and I felt like my mind was being contorted and twisted. At the same time that these issues emerged, I was able to look at them from a point of view semi-removed from my ego, the same ego that would have normally prevented me from acknowledging them to begin with. The issues consisted of worries, fears, obsessions, subconscious motivations, etc. that would all normally, day to day, be operating somewhere in the background

of my psyche; but the LSD had magnified them a million times so that they were inescapable. At this point I was feeling very anxious, uncomfortable and stressed, to an extent I had tuned out my friend and was only paying minor attention to external events. Although not significant to my trip "experience" we watched cartoons, surfed trippy websites, listened to music, played computer games, etc.

My friend had to leave at around 11:00 pm, because he had to work the next day, and while the peak of the experience was over, I was still tripping. After he left I was at home

"[...] suddenly one of the great weights on my mind, that of a concern for body image and self-appearance, was totally lifted."

on my own, and whatever external things had previously provided slight distractions to the introspective cataclysm I was going through were now totally gone. At this point I ended up wandering into the bathroom and caught myself staring into the mirror. Through will, I was able to change how my reflection appeared, from ugly to beautiful, from young to old, and eventually I realized the triviality of external appearance. I was beautiful. We all are beautiful. Suddenly one of the great weights on my mind, that of a concern for body image and self-appearance, was totally lifted.

What was the importance of appearance, if we all loved each other for who we truly are at heart? I got this notion that true love transcended appearance, and while body image seemed to be something that modern society places such a premium on, in the end it counts for nothing. This had special significance for me because prior to this I had been into working out and muscle building, and while tripping

LSD Symposium in Basel, Switzerland

on the occasion of the 100th Birthday of Albert Hofmann

LSD—Problem Child and Wonder Drug

January 13–15, 2006

Convention Center Basel, Switzerland
Presented by the Gaia Media Foundation

Lectures • Panels • Seminars • Workshops
Concerts • Exhibitions • Parties

For more information and registration for this event please visit the website of the symposium:
<http://www.LSD.info/>

Erowid's Involvement

In January 2006, Erowid will be attending the LSD Symposium in Basel, Switzerland. This event, on the occasion of Albert Hofmann's 100th birthday, will have dozens of speakers addressing the past, present, and future of LSD.

Earth and Fire will be presenting at the Symposium on current views of LSD. As part of our preparations for the event, we are conducting a series of surveys about LSD on Erowid.

Over the past few years there has been a lot of discussion about a decline in the availability of LSD. The most common theory continues to be that the silo-lab bust in November 2000 precipitated a shortage which still continues five years later.

To gain a little more insight into this issue, the first of our surveys, completed in mid-October, was about the perceived availability of LSD. In six days, we received more than 1,500 responses to a series of 17 questions on this topic.

Among the results we received, 38% of respondents said they believe LSD is currently "very difficult to acquire" and another 24% "somewhat difficult to acquire". Of those who have actually tried to acquire LSD in the last six months, 52% say it was either "unavailable"

(17.6%), "very difficult to find" (16.8%), or "somewhat difficult to find" (17.3%). Only 21% found it either "somewhat easy to find" (12.7%) or "very available" (7.9%).

Of those who succeeded in acquiring LSD in the last six months, 16.6% found it to be of average quality. 19.7% reported it to be high or very high quality material and 10.6% reported low or very low quality. As expected, recently available material is primarily in the form of blotter (72%), with liquid the next most common form (11%).

Keep an eye out for upcoming surveys about LSD on Erowid in the next couple months.

First Time You Tried Acquiring LSD	
Never	9.78%
0-6 mos ago	17.76%
6-12 mos ago	10.84%
1-2 yrs ago	12.40%
2-3 yrs ago	9.35%
3-5 yrs ago	10.59%
5-10 yrs ago	13.64%
10 + yrs ago	13.27%
No Answer	2.37%

Number of Times You've Taken LSD	
0	29.97%
1-10	40.12%
10-25	11.78%
25-100	9.97%
100 +	6.85%
No Answer	1.31%

Impression of Current LSD Availability	
Unavailable	9.78%
Very Difficult to Acquire	17.76%
Somewhat Difficult to Acquire	10.84%
Available	12.40%
Somewhat Easy to Acquire	9.35%
Very Easy to Acquire	10.59%
No Answer	13.64%

I almost felt disgusted with myself when I looked at my body. The muscle I had worked so hard for seemed wrong. I was able to totally see the motivations behind my actions, that I was aiming to improve my appearance so that I was more fitting to the modern notion of "attractive", but what was the point of that? If I was in a relationship with someone, or more, if I was in a relationship that involved "true" love, I'd surely hope that my physical appearance wasn't that significant.

I decided to write a message to myself and save it into my mobile phone, so that I could remind myself of it in the future and generally have it handy as a way of connecting with the experience that was sure to fade as the drug wore off. I wrote "You are truly loved by someone when you are loved for what you are at heart. Not for what you are trying to be, or for what they want you to be." Within everyone there is a true notion of who they really are. Their "true inner self" as such. In everyday life such a notion gets buried in most people by the acting and role-playing we feel necessary to conduct. People act in a manner that they think other people would want or expect them to act in, out of the fear that they won't be accepted if they don't. Our "big game of acceptance" I coined it; everyone constructing a persona that they feel will allow others to accept them. This was also cast aside by the LSD mind state. I reconnected with my "true self", a childlike, fun-loving, happy-go-lucky individual. Something that had been semi-buried under a constructed exterior.

I eventually made it to sleep, and when I woke the next day I was the happiest and most mentally serene I'd been in my life. Anything that would have normally been troubling my mind, preventing me from being happy and free right at the moment, was gone! This state of mental tranquility and happiness lasted for a few days, and slowly faded as new issues settled back into my subconscious. My "true self" was somewhat tempered as time passed, but I've made a conscious effort to not let it become completely buried. A few months later this experience spawned an interest in Buddhism, which I've taken to practicing, as a way of training my mind. I firmly believe that through meditation the mental tranquility that I attained during this experience can be cultivated and continued, without the aid of any drug. LSD just showed me that it was possible and that the key to happiness in this world lies in our minds. ●

Erowid.org/exp/exp.php?ID=23324

HOW DO THEY MEASURE UP?

EXAMINING DRUG USE SURVEYS AND STATISTICS

Earth & Fire Erowid

PART I: THE SOURCES

National and international “drug use” statistics are commonly cited when discussing the medical, social, legal, and political aspects of psychoactive drugs. These statistics are used to justify large expenditures, draconian punishments, and a substantial amount of public and government attention on the unapproved use of psychoactives.

Despite these important uses, there is no accurate and practical way to measure levels of illegal or disapproved drug use across large populations. Most of the statistics are gleaned from a handful of surveys that ask respondents about their own use. These results are interesting, but are based on indirect data that can be affected by a wide variety of factors. It is thus unclear how well such surveys measure actual psychoactive use.

Types of Data

Four major survey types and several additional primary data sources are used to estimate rates of unapproved psychoactive substance use. Each provides its own benefits and challenges. It is useful to keep in mind the types of data that are being collected and compare the problems and benefits associated with each type.

In-Person Household Surveys

Household surveys are conducted in the homes of those being surveyed. Homes are selected based on demographics. Phone calls are made ahead of time to establish that someone in the household meets survey criteria, and then an appointment is made. Participation

is voluntary, although some pressure is applied to get chosen households to participate.

The survey usually includes an oral question segment as well as a computer or pencil-and-paper portion filled out by the respondent. Though anonymity is assured by the surveyor, there is conflicting evidence about whether participants feel they are secure.^{2,3}

Phone Household Surveys

These surveys are conducted with individuals over the phone while they are in their homes. Homes are selected based on demographics. Phone calls are made to find someone at home who fits the study criteria and agrees to answer questions. Participation is voluntary with some pressure applied, usually in the form of multiple calls made. Interestingly, phone surveys may be experienced as less confidential than in-person surveys.⁴

In-School Surveys

Surveyed are conducted in classrooms or, less frequently, auditoriums. Schools and classes are chosen to fit the study criteria. Participation is theoretically voluntary, though there may be significant pressure to participate by those in positions of authority within the school. Nearly all in-school surveys are anonymous, written instruments that involve no direct questions by a surveyor. These are considered more anonymous than other survey types because they are taken and submitted in groups.

Every few weeks Americans are treated to startling new statistics about drug use, from an alarming increase in the abuse of prescription drugs by women to an encouraging decrease in the use of marijuana by teens. The announcements ripple across the country, carried by newspapers and reported on the evening news.

The announcements are discussed by government officials in press releases and by parents in arguments with their children. They are also cited by lawmakers in debates on the floors of legislatures and by judges in the highest courts.¹

But where do the original statistics come from? What do we really know about the rates of drug use in the United States and around the world?

Arrestee or Jail Surveys

Individuals who have been arrested are asked questions about their psychoactive use. They may also be asked to submit a urine sample, which is tested and used to verify their responses. Jail surveys include otherwise difficult-to-survey populations and are one of the few survey types that validates at least a portion of answers (via urinalysis). Most are anonymous and voluntary, though they may not appear so to respondents.

Medical Data

Information about patients’ drug use is collected from emergency rooms, medical examiners and addiction treatment centers. Data may include difficult-to-survey populations. Data is not connected to individual patients, but is used without patient consent.

Law Enforcement Data

Data from law enforcement sources includes numbers of drug-related arrests and convictions as well as quantities of drugs seized at borders and during raids. Data may include difficult-to-survey populations and is used without the consent of arrestees.

Other Data

A variety of other data types can be used to estimate or validate use rates: street availability, price and purity; physical data showing environmental levels of drugs or their by-products (such as the presence of cocaine on paper currency); or records of precursor sales used to estimate production rates.

Rates of Use by Substance and Age

	Age	Cannabis		Other "Illicit" Drug		Hallucinogen	
		Ever	Last Year	Ever	Last Year	Ever	Last Year
MTF	18	46	34	29	20	10	6.2
	30	61	16	41	12	22	1.4
	45	81	12	71	9	33	0.3
NHS	12 - 17	19.0	14.5	21.2	13.0	4.6	3.0
	18 - 25	52.8	27.8	39.2	19.3	21.3	6.0
	26 +	41.0	7.0	28.8	5.6	14.4	0.6

Monitoring the Future, through in-school and follow-up surveys, has found that 81% of 45-year-olds in the United States say they have tried cannabis and 88% have tried cannabis or another illicit drug.

The National Household Survey finds slightly lower numbers in all age groups.^{5,6}

MONITORING THE FUTURE

<http://www.monitoringthefuture.org/>

With nearly 50,000 responses in 2004, Monitoring the Future (MTF) is the second largest psychoactive drug usage survey in the United States. MTF uses mostly in-school surveys of 14- to 18-year-olds enrolled in middle and high school. Funded by the U.S. Federal Government, it has been conducted every year since 1975.

MTF researchers publish extensive discussions of the problems with their methods and how they adjust their numbers to try to account for known weaknesses. Because of the in-school design, MTF is able to achieve a relatively low miss/refusal rate of 17% of selected subjects, lower than most other surveys.

Perhaps the most interesting feature of the MTF survey is that it conducts follow-up, in-home surveys of a portion of participants who have previously completed in-school surveys. A random subset of high school senior respondents are surveyed every other year until age 30, and then every five years after that. The "retention" rates for follow-up surveys is 50-60%, well below the initial in-school response rates.⁷

These long-term follow-up surveys, conducted since 1975, represent 30 years of continuous response data about past and current use. This longitudinal data stands out as some of the richest, most interesting information available about drug use.

It is assumed that respondents who later become addicted or chronic users would be much less likely to participate in the follow-up surveys, and the MTF does not attempt to include these people in their estimates: "We believe that people who become dependent on, or addicted to, heroin or cocaine are unlikely to be retained in any reasonable

proportions. That is why we are careful to not quantify or characterize these special segments of the population."⁸

The MTF survey's longitudinal nature also makes it useful for comparing against other survey data. Its reports include comparisons between MTF and the National Household Survey (NHS), including substantial criticism of NHS's methods and conclusions.⁹ Finally, the MTF's follow-up surveys document the extremely interesting problem of recanting past psychoactive use: some people who previously stated that they had used a psychoactive later say they never have. The "Recanting Effect" is discussed in more depth in Part 2 of this article.

Its long history, longitudinal design, and publication of methodology has made Monitoring the Future perhaps the best source of data about unapproved psychoactive drug use in the United States, if not the world.

NATIONAL HOUSEHOLD SURVEY

<http://www.oas.samhsa.gov/nsduh.htm>

The National Household Survey, recently renamed the National Survey on Drug Use and Health (NHS or NSDUH), is the largest regular survey covering psychoactive drug use. It has been conducted since 1971 and in 2004 had nearly 68,000 responses. The NHS is an in-person household survey that includes questions about mental and general health as well as health insurance and other demographic factors. Homes or apartments are selected using a random sampling technique intended to make the results representative across the United States. Surveyors go to

each residence with handheld computers and are trained to convince potential respondents that their answers will be kept confidential.

"Surveyors incorporat[e] procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and oral communications with potential respondents. Respondents' names are not collected."¹⁰

After households are selected, the NHS has a miss/refusal rate of about 22.6%, which is surprisingly low considering that surveyors must request to go into people's homes.

The NHS faces many major hurdles involved in collecting reliable data and is assumed to substantially under-represent heavy users and other hard-to-survey populations. The NHS's use estimates are, across the board, substantially lower than those of MTF and other surveys. The NHS includes a detailed description of its survey and statistical methods, but its recent reports are missing many key tables.

The NHS has interesting estimates of the number of "initiates" per year, by drug, which

Testing of Italy's Po River found high levels of a cocaine metabolite, benzoylecgonine.¹¹ Researchers believe this results from the urine of cocaine users in the surrounding valley. The levels found suggest a much higher level of cocaine consumption in the valley than had previously been estimated.

offer a picture of how many people in a year try a given psychoactive for the first time. By surveying people across a range of ages

about when they first tried a substance, the NHS highlights that there was a substantial increase in the use of the prohibited drugs in the 1960s and 1970s. Interestingly, the NHS is now showing that what was once described as a “bump” in “illicit drug use” is now the norm: greater than 50% of adults under the age of 55 say they have used an “illicit drug”.¹²

Unfortunately, due to “important methodological differences” between the most recent survey designs and those from earlier years, it is no longer possible to directly compare use rates over the history of the survey. Differences include the change in the name of the survey, the addition of a \$30 incentive payment for respondents, new quality control procedures, and the incorporation of new population data from the 2000 decennial census.

According to the NHS, “The changes resulted in a substantial improvement in the survey response rate [and] also affected respondents’ reporting of many critical items that are the basis of prevalence measures reported by the survey each year.” It concludes that newer data “should not be compared with 2001 and earlier NHSDA data to assess changes over time.”

The MTF and NSDUH are the Federal Government’s largest and primary tools for tracking youth substance use.¹³

– SAMHSA, Office of Applied Statistics

DRUG ABUSE WARNING NETWORK

<http://dawninfo.samhsa.gov/>

Another frequently cited source of drug use statistics is the Drug Abuse Warning Network (DAWN), which is a non-survey data source that uses reports from U.S. hospital emergency departments. DAWN works with a set of U.S. hospitals that agree to fill out forms related to emergency department (ED) admissions. Hospitals are selected in order to create a representative sample allowing DAWN to estimate incidence of drug use emergencies and deaths across the United States. In the second half of 2003, DAWN worked with 518 hospitals, but received useable data from only 260, a 50% response rate. To solve some of the deep methodological problems with the design, DAWN changed and simplified its procedures in 2005.¹⁴

Prior to 2005, DAWN procedures were as follows: A designated DAWN “reporter”

in each hospital reviewed the charts of all patients treated in the ED—including toxicology test results (blood or urine) and comments by nurses and doctors—or any deaths reviewed by the Medical Examiner/Coroner. The reporters identified cases that involved “drug abuse” matching a two-part definition: 1) the use of an illegal drug, the use of a drug in an unapproved way, or the use of non-medical inhalants, AND 2) the drug was used “because of drug dependence”, to attempt suicide, “for recreational purposes or to achieve other psychic effects”.

Each identified case (for patients between the ages of 6 and 97) was recorded with demographic information, route of administration, reason for the emergency department visit, reason for using the substance, and a list of up to four identified drugs. It is important to note that a drug did not need to be directly related to the emergency room visit to be listed as a mention. Notably, cases involving alcohol but no other “abused drug” were not included in the DAWN report. Also, cases of “accidental” ingestion or inhalation of a drug with “no intent to abuse” were not considered valid DAWN cases.

In April 2005, DAWN announced “new DAWN”, a major revision of its data collection methods, many of which improve how reliably data is collected.¹⁵

New DAWN makes reporting far simpler and more reproducible. Any “drug-related” ED visit qualifies, as opposed to only those related to “drug abuse”. Reported incidents must be simply be related to “recent drug use” rather than requiring a complicated set of criteria to determine whether drug use was related to the ED event. New DAWN includes anyone of any age and no longer excludes based on intent of use; intent is now entered as a category. Finally, the new format includes more training and feedback between DAWN and cooperating hospitals.

Published DAWN reports warn against extrapolating too much from their data and suggest DAWN’s primary purpose is to detect trends. The DAWN incidents are often called “mentions” because the data is usually tabulated by the total number of times a given drug was mentioned. Single individuals may account for more than one DAWN incident each year.

“[A]ccording to the Substance Abuse and Mental Health Services Administration, emergency room mentions for cocaine use have increased from about 80,000 in 1990 to about 161,000 in 1997. Emergency room mentions for heroin grew from about 34,000 in 1990 to 72,000 in 1997. A naive observer might infer that cocaine and heroin use doubled between 1990 and 1997, but this is almost certainly wrong... While DAWN can be very valuable for detecting short-term changes in specific jurisdictions—such as a spike in overdose deaths—it would seem to have little or no value as a tool for monitoring long-term trends in the prevalence of substance abuse.”¹⁶

– Office of National Drug Control Policy

DAWN is useful for detecting major shifts in psychoactive drug use and may be useful for obtaining information about difficult-to-survey populations, however, there are problems with extrapolating from the data. Rates of emergency department visits can be influenced by many factors, including likelihood of each substance to result in the need for emergency treatment, cost and availability of non-emergency health care, availability of addiction treatment services, age of the using population, familiarity with a given substance (new substances may cause more problems than ones that subcultures have learned how to use), changing rates of quality of street drugs that may be inversely proportional to use rates, wait times in emergency rooms, and other issues. DAWN data cannot be considered representative of other populations.

ARRESTEE DRUG ABUSE MONITORING

<http://www.ojp.usdoj.gov/nij/adam/>

The Arrestee Drug Abuse Monitoring program (ADAM) is the largest drug-related survey of adult arrestees in the United States, with 22,666 responses collected in 2003 (the most recent year of publication). The ADAM program conducts a drug and alcohol use survey of people who have been arrested and booked as adults in city and county detention facilities operated by local police and sheriff departments. The surveys are conducted by civilian (non-police) researchers who choose individuals using a “probability-based sampling” method in an attempt to obtain a representative sample of arrestees.

Researchers then do in-person interviews and voluntary urine analysis.

ADAM and other jail surveys are valuable because they collect data samples from populations that are very difficult to survey using other methods. ADAM also uses urinalysis to partially validate survey results. For many substances, this is not terribly effective, but it works well for cannabis as well as for recent use of other drugs.

ADAM's miss/refusal rate of 43.3% (11% active refusal, 32% unavailable for various reasons) complicates extrapolating the data and may further support the notion that some sub-populations are simply extremely difficult to survey. It is unclear how to extrapolate from selected jail arrestees to the wider population.

CANADIAN ADDICTION SURVEY

<http://www.ccsa.ca/pdf/ccsa-004028-2005.pdf>

The phone-based Canadian Addiction Survey (CAS) is one of Canada's first attempts to do ongoing national surveying about psychoactive drug use. There are no major phone-based surveys in the United States. Telephone numbers are selected with an attempt to create a nationally representative sample and voice surveys are performed in either English or French. Eligible respondents are those 15 or older who completed the interview at one of the selected phone numbers.

In 2004, the CAS had a total of 13,909 valid responses with a miss/refusal rate of 54%. This survey has little track record to determine whether its methodology will produce stable results, nor does it involve external validation (verification of actual use). The CAS necessarily only includes populations that have and answer household wired telephones. Because of this, the CAS will, like most other surveys, miss hard-to-survey populations such as addicts, heavy users, and members of transient subcultures, as well as cell-phone-only users. Surveys relying on phones alone as a means of data collection are of unknown validity as measures of actual psychoactive use. The published survey reports do not discuss the impact of the refusal/miss rate on the data.

LAW ENFORCEMENT DATA

Various Sources

A variety of data available from law enforcement organizations is used to detect

trends in drug use. Metrics include numbers of drug-related arrests and prosecutions, drug seizures, drug price, and drug purity, and are collected from the DEA, FBI, and Federal Bureau of Prisons, among others. This data is used to help validate survey statistics about drug use and the illegal drug market. There is no single, comprehensive report which gathers or summarizes this information for major law enforcement agencies in the United States.

Several problems limit the reliability of such data and make it difficult to extrapolate to the "real world". First, many sources of law enforcement data are organizations with explicit political and organizational agendas other than data validity. The DEA is often cited in news reports as a source of hard numbers, yet not only are there methodological problems with extrapolating from seizure data to market size, but the DEA also sets policy, lobbies Congress, has no outside oversight of data collection, and has a history of biased prohibitionist rhetoric that damages its reliability as a data source.

The primary methodological difficulty with extrapolating from law enforcement data is that investigations and prosecutions are largely driven by economic, political, and social factors that may have little or no relationship to actual prevalence of use. Law enforcement data can help confirm trends or detect real world rise in certain types of psychoactive drug-related crime, but it is improper to extrapolate from these sources to the wider population. For example, one can easily imagine that arrests and prosecutions may increase because of changes in political climate, while use itself remains constant.

OTHER DATA SOURCES

Various Sources

Other major sources of information about psychoactive use in the United States:

- The Youth Risk Behavior Surveillance System (YRBSS), a school-based survey sponsored by the Centers for Disease Control with over 15,000 responses in 2003.
- Treatment Episode Data Set (TEDS), a non-representative but huge collection of substance abuse-related admissions to participating clinics with almost two million admissions in 2002. Data is of limited value in estimating usage levels because there is no tracking of individuals; one individual can account for many admissions. Admission

rates fluctuate based on space and funding availability and changes in court-, school- or parent-ordered treatment.

- National Longitudinal Study of Adolescent Health (Add Health), an in-school survey of teens with follow-up interviews that provide some longitudinal data.

- Survey of Inmates in State and Federal Correction Facilities (SISFCF), a drug use and health survey of inmates from state and federal prisons.

- National Comorbidity Survey (NCS), a mental health survey looking at mental health issues and "comorbidities" (multiple health problems in the same person that may or may not be related) and including survey questions about psychoactive drug use.

- Department of Defense Survey of Health Related Behaviors Among Military Personnel, the largest survey of military personnel; includes questions about psychoactive drug use. Part of its purpose is to document how well military drug testing programs discourage current use.

There are also a number of less scientific or more biased sources of survey data. News media frequently report survey results from political and prohibitionist organizations that do not openly publish their methods and have little scientific validity.

- The Partnership for a Drug Free America, consistently produce breathlessly-worded survey summaries using newly coined phrases and scandalous findings showcasing new drug crises hiding right under our noses.

According to CASA, teens who see three or more R-rated movies each month are "six times likelier to try marijuana".¹⁷

- The Center on Addiction and Substance Abuse at Columbia University (CASA), a self-described "research center" and highly funded publisher, is one of the most poorly regarded sources of statistics and analysis in the United States. CASA pays marketing firms to conduct small, non-representative sample phone surveys and issues blatantly unscientific reports to bolster highly sensationalized press releases about the dangers of drugs, alcohol, and pre-marital sex. Although it is well liked within the prohibitionist political establishment and continues to receive funding from major foundations, CASA's reports and studies do not rise to the level of source surveys and must be discarded when evaluating drug use statistics. ●

“THERE ARE RIGHT WAYS AND WRONG WAYS TO SHOW DATA; THERE ARE DISPLAYS THAT REVEAL TRUTH AND DISPLAYS THAT DO NOT.”

—EDWARD TUFTE, PROFESSOR EMERITUS OF STATISTICS AND INFORMATION DESIGN AT YALE UNIVERSITY

HOW DO THEY MEASURE UP?

PART II: THE PROBLEMS

Although drug use and drug market statistics are used to inform and support policies, court decisions, and academic research affecting entire societies, there is currently no way to reliably and directly measure how many people use illegal or recreational psychoactive drugs. Survey data is compiled in an attempt to determine usage across an entire population, but many problems plague this approach.

First, limitations inherent in the survey methodologies themselves—including simple errors, problematic implementation, misreporting, and lack of validated results—make it clear that reported levels of use are only rough estimates and cannot be assumed to “accurately” represent reality. Although academics in the field are well aware of such weaknesses, surveys comprise some of the only “hard facts” informing discussions of policy, health, and social issues that surround the use of psychoactives.

Second, results published by survey

tables. Very few of the large studies present their raw data in a publicly available format. Imputation is used to fill in answers that were skipped by respondents, to correct for known collection problems, and to remove anomalous measurements. The data is also both extrapolated and massaged to try to keep it consistent with previous years.²

Finally, and perhaps most problematically, many people are exposed only to highly filtered results in the mainstream news. The general understanding of how trustworthy these publicized results are is quite low.

This article is not intended to dismiss survey results, but rather to point out some of the problems involved with attempting to measure psychoactive drug use through surveys and with drawing specific conclusions from their results.

Simple Survey Errors

Although the major surveys are well-funded and heavily scrutinized, attributing too much importance to any single data point can lead to inappropriate interpretations. As might be expected, given a complex process of data collection and interpretation, a variety of simple errors (sometimes called “non-sampling errors”) can slip through. Flawed data recording, encoding, tabulation, or calculations can provide unexpected and incorrect results. Some of these errors are noticed quickly, while others are only found years after the data is published.

For instance, in 1997, the National Household Survey on Drug Abuse (NHSDA

or NHS) encountered a strange problem with survey administration. Surveyors recorded that nearly 10% of selected respondents over the age of 18 could not complete the survey because their parents refused to let them participate. The “parental refusal” category, usually reserved for minors, would generally be near-zero for adults. This bizarre error is briefly mentioned in a small footnote on the survey results hypothesizing it was caused by interviewer error: “Parental refusals for persons aged 26 or older were considered unlikely and may have been incorrectly coded by interviewers.”³ It seems quite unlikely that numerous interviewers made the same error unless there was a problem with the survey itself. Alternately, the error could have resulted from problems with post-survey tabulation.

When glaring errors like these are found, it is a strong reminder that smaller errors are certainly present as well, some of which will have a perceptible effect on results. Many of these errors, especially in surveys conducted only once, will never be found or corrected.

Implementation Problems

Small changes or unforeseen problems with implementation can affect survey results in surprising ways. In 1999, the NHS noticed an unusual increase in reported lifetime use of “any illicit drug” among its surveyed population. Upon further investigation, researchers found that the experience of survey administrators who conducted pencil-and-paper interviews had a strong effect on reported levels of psychoactive use.

Specifically, 39.9% of subjects interviewed by inexperienced interviewers (those with no previous NHS experience and with fewer than 20 interviews in 1999)

“While working on the 2000 NHSDA imputations, a programming error was discovered in the 1999 imputations of recency of use, frequency of use, and age at first use for several drugs. This error resulted in over-estimates of past year and past month use of marijuana, inhalants, heroin, and alcohol.”¹

— National Household Survey

organizations are extrapolations based on relatively small quantities of data and a range of assumptions. All of the major surveys use “imputation” techniques and statistical methods that yield highly processed data

reported ever having used an illicit drug. In comparison, the most experienced interviewers (those with at least one prior year of NHS experience and more than 100 surveys in 1999) received this response from only 30.6% of subjects.⁴

This means that an additional 9.3% of respondents admitted to illicit drug use when surveyed by an inexperienced interviewer.

This effect would not have been noticed except that the NHS had an unusually high number of new interviewers in 1999: new interviewers conducted 69% of NHS's paper-and-pencil surveys.⁵ In response, the NHS authors "adjusted" the reported lifetime use rates downward to account for the increase in inexperienced interviewers and to better match previous years. This disparity highlights the impact that even subtle changes in survey design and implementation can have on results and illustrates how much data massaging takes place prior to final publication.

Underreporting of Illegal Behavior

One fundamental problem with surveys measuring illegal and socially disapproved behavior is that people rationally fear repercussions for admitting such activities. Aside from the obvious legal consequences, being identified as an illegal drug user could significantly damage or even destroy many careers. Physicians, lawyers, teachers, daycare employees, airline pilots, and many others risk being sanctioned or even legally banned from holding those positions if their survey admissions were made public.

Many respondents are aware that providing incriminating data to a surveyor holds risk. Media reports regularly describe the proliferation (and compromising) of databases containing private information; this is likely to condition survey respondents to ask themselves whether their answers could potentially end up in a database connected to their name. It begs credulity to assume that a vast majority of informed adults would be reliably honest about their use of illegal drugs.

The extent of this impact on survey results depends on survey type. Household surveys, conducted in the home, could tie the admission of illegal behavior to an individual person, address and telephone number. School surveys are perceived as more anonymous,

"[D]ata collected by interviewers with no prior NHSDA experience resulted in higher drug use rates than data collected by interviewers with prior NHSDA experience"⁶

since multiple people complete and hand in their surveys at one time. Young people are also more likely to admit to illegal, irresponsible, or other socially disapproved behavior than their older counterparts.⁷

Beyond the understandable hesitancy to admit crimes to strangers, there are also small but real concerns about trusting the legitimacy of survey workers. In one case during the 2000 U.S. census, police in Minnesota posed as census workers while investigating a suspected "drug house" to gather information about who lived at the house for a warrant.⁸ Even a few publicized cases of this type may have a significant impact on people's willingness to respond honestly to surveys.

The job of these surveyors is to get complete strangers to trust them with information that could expose them to enormous risk. Yet if respondents consulted with a lawyer first, they would almost certainly be advised not to admit illegal behavior to a stranger, even one conducting a supposedly anonymous survey. Researchers agree that these factors lead to underreporting of psychoactive use, but due to the nature of the problem it is largely unknown how much this impacts survey results.⁹

Cultural and Societal Effects

Given that some portion of respondents will lie about their use of psychoactives, another major factor in survey results is the effect of politics, culture, and society on people's willingness to respond truthfully. These surveys are generally assumed to measure usage rates over time; an alternate interpretation of surveys like the NHS and MTF is that they measure trends in willingness to admit to illegal activity. While a large number of those who admit to using more common substances such as cannabis and alcohol are likely telling the truth, a significant, unquantified portion of the surveyed population will almost certainly change its answers in response to perceived cultural, political, and legal climates. This is sometimes called the "social desirability hypothesis".^{9,11}

Confusingly, the same factors that affect levels of psychoactive use, such as perceived

acceptance or disapproval of any particular drug, are also likely to affect willingness to admit to such use on a survey. These factors may include current political climate (national or local), anti-drug commercials on TV, drug-related media reports about arrests or health issues, current movies or TV programs depicting drug use, etc. Although the issue of societal factors affecting results is acknowledged by both NHS and MTF,¹² it is rarely addressed seriously and could represent a fundamental confounding effect on the meaningfulness of surveys data.

The Maturity Recanting Effect

One of the most interesting effects documented by MTF is the "recanting effect" among people surveyed at multiple points over many years. Each year, MTF selects 2,400 of the 15,000 high school seniors surveyed to undergo follow-up interviews every other year through age 30 and once every five years thereafter. These follow-up surveys have been conducted since 1976. As of 2003, data now exists for a cohort of 45-year-olds who have been surveyed regularly for more than 25 years.

MTF defines someone as having recanted if they state on two different surveys that they have used a specific drug, and then in a later survey deny that use. Using longitudinal data, it is possible to track individuals who admit to illicit drug use and then later "recant".

Among respondents participating in follow-up surveys, recanting of previous use begins early and increases over time. According to MTF's 2003 data, there is already a 3.1% recanting rate by age 21. This increases by approximately .85% per year

"Are sensitive behaviors such as drug use honestly reported? Like most studies dealing with sensitive behaviors, we have no direct, totally objective validation of the present measures; however, the considerable amount of existing inferential evidence strongly suggests that the self-report questions used in Monitoring the Future produce largely valid data."¹⁰

until age 30, at which point it stabilizes.¹³ At age 30, 10.8% of those respondents who have, on two previous occasions, admitted to the use of an illicit drug, change their answer and state that they have never used such a substance. These numbers are for people who have invested time and energy

over the past 15-25 years participating in this long-term survey; it is quite possible that those participating in a single survey would be more likely to deny past use, knowing that there was no previous data to contradict.

“[T]he degree of recanting of earlier drug use (that is, denying ever having used a substance after reporting such use in an earlier survey) varies by occupational status. Specifically, respondents in the military and those in police agencies are more likely to recant having used illicit substances.”¹⁵

Recanting rates vary significantly by substance, perhaps because of differences in their relative social acceptability. At age 35, recanting rates are lowest for alcohol (1.0%), cannabis (5.8%) and LSD (15%), and highest for tranquilizers (33.3%), amphetamine (43.7%), and inhalants (50.0%*¹³).

Although MTF offers several possible explanations for the recanting effect, including faulty memory of past experiences, or earlier exaggeration of use, the most obvious explanation is that people who are older and have more to lose are more likely to lie about illegal and socially disapproved behavior. This hypothesis is strongly supported by evidence that police and military personnel, groups with more reason to deny past illegal drug use, were twice as likely to recant than the general population.¹⁴

In the end, MTF and other surveys generally conclude that a majority of recanting is among people who have *actually* used these substances in the past. Following this conclusion, when estimating lifetime prevalence of use in the United States, MTF now includes recanters among people who have used each substance.

Based on these revised numbers, MTF estimates that 88% of 45-year-olds in the United States have tried an illegal drug at some time in their life and 81% have tried cannabis. By MTF’s own account, these upwardly revised estimates are still likely understatements of actual use.¹³

Difficult-to-Survey Populations

Another major problem with most drug use surveys is that they fail to include difficult-to-survey populations. These include users with no stable address, those who do not answer their phone, those unwilling to participate in surveys, absentee students, high school dropouts, and others who may comprise some of the heaviest users of illegal drugs. Therefore, it is nearly universally accepted that the major surveys under-report use of the most disapproved psychoactives and heavy use in general.

Under-reporting in difficult-to-survey populations is particularly problematic for drugs with lower prevalence of use in the general population and for those drugs where regular use is believed to begin after age 18 (and thus not covered by “youth” surveys such as MTF):

“In the case of heroin use—particularly regular use—we are most likely unable to get a very accurate estimate [...]. The same may be true for crack cocaine and PCP. For the remaining drugs, we conclude that our estimates based on participating seniors, though somewhat low, are not bad approximations for the age group as a whole.”¹⁶

Although the impact on survey results of failing to collect data from absentee and drop-out students about those “remaining drugs” is likely to be relatively modest, 18%

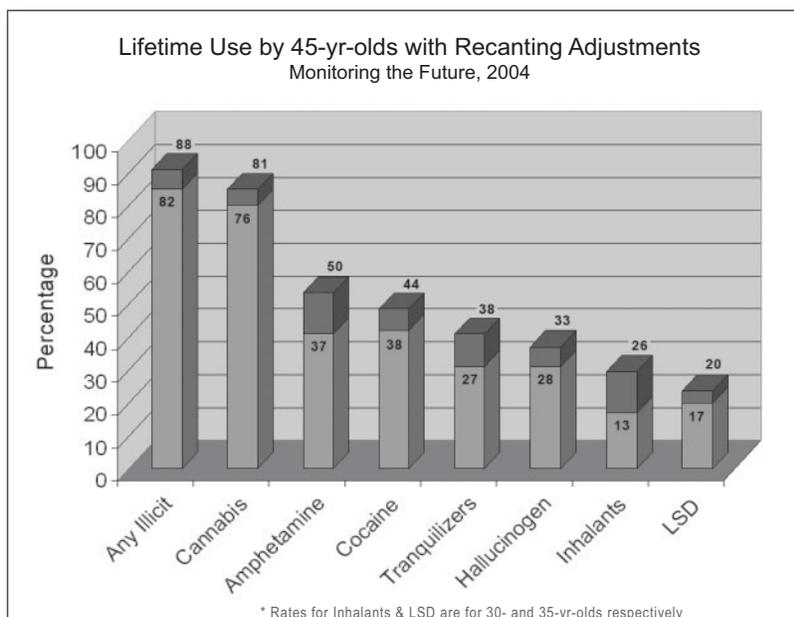
of 12th graders (age 17-18) were absent on the day of the Monitoring the Future survey in 2004. An additional 15% of the population does not complete high school and would not be part of the MTF senior survey.¹⁷ These groups are among those most likely to include heavy users of illicit drugs. MTF attempts to correct for high school dropouts by using the NHS’s data about drug use among people who did not complete high school. However, several critical examinations have found that the NHS substantially under-reports heavy users by large margins.¹⁸ In part, this is because the NHS favors interviewing those in “stable households”, while drug use among those in “unstable” households is twice as high.¹⁹ According to the Office of National Drug Control Policy (ONDCP), “interviews with nearly 35,000 intravenous drug users who were contacted by National Institute on Drug Abuse-sponsored researchers “[...] show that of these drug users, an estimated 40 percent lived in unstable households and about 10 percent could be considered homeless...”. In fact, the Substance Abuse and Mental Health Services Administration reports that virtually no heroin addicts answer the National Household Survey.¹⁹

The NHS’s estimates of the number of heavy users have been consistently lower than estimates based on other data sources. In 2000, the NHS extrapolated that there were approximately 450,000 total heavy cocaine users in the United States, yet other surveys estimate the number to be over three million for the same period, more than five times the NHS estimate.²⁰

Because of these issues, no single survey can be assumed to produce reliable use rates where large portions of the users are in hard-to-survey populations.

Refusal to Participate

Another related confound stems from people refusing to participate in surveys. Though nearly all drug use surveys are technically voluntary, various levels of persuasion and coercion are used to encourage participation. Because people who use psychoactives may refuse at different rates than non-users, a higher refusal rate may lead to results less representative of the general population.



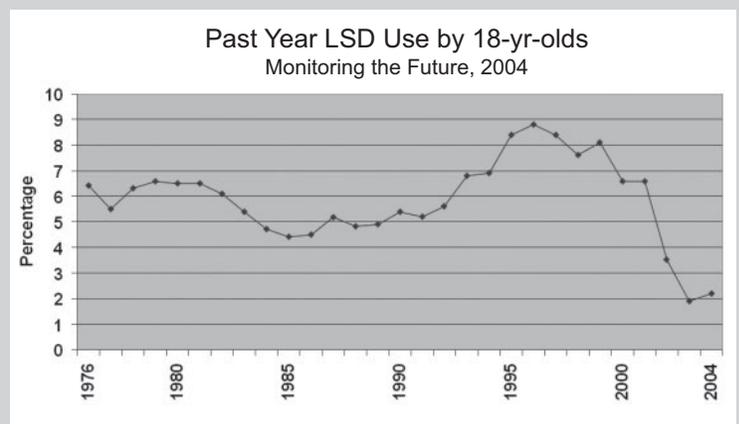
Surveys Track LSD Shortage

Perhaps one of the most surprising and striking examples of external validation for the NHS and MTF in recent years can be seen in the decline of LSD availability. According to these surveys, LSD use was relatively stable through the 1990s, with estimated past-year use among high school seniors fluctuating between 5.4% and 8.8%.

But in early November 2000, the discovery and shut-down of a large LSD lab seemed to be one of the first major successes of the DEA in its attempt to halt the production and distribution of LSD. Beginning in the summer of 2001, people began reporting major shortages of LSD on the underground market. Speculation mounted that the Kansas silo arrests were responsible for the perceived shortage.

Due to the nature of the secretive underground markets, it was impossible to know for sure how widespread the actual shortfall of supply was. However, the major psychoactive surveys have been able to confirm this shortage, which has in turn been able to partially validate the survey statistics.

Between 2000 and 2003, MTF showed an unprecedented drop in past-year LSD use by high school seniors, from 6.6% to 1.9%.¹³



During the same period, the NHS's measure of newly initiated LSD users dropped from 788,000 to 320,000.²³ Similarly, between 2000 and 2002, DAWN Emergency Department mentions related to LSD dropped from 4,016 to 891.²⁴

Although these surveys may not be highly accurate in estimating exact use levels, they do appear to be able to detect dramatic changes in use over time.

For many surveys it is difficult to separate "refusal" rates from "miss" rates (the rate at which people unintentionally fail to participate); people may intentionally but passively refuse by being late, not answering their door, or not attending school at the time of the survey.

The explicit refusal rate varies widely from survey to survey, ranging from 1.5% for MTF to 14.5% for the NHS.^{21,22} A variety of factors may influence these refusal rates; for example, older people are less likely to agree to participate than younger people. According to the NHS, those 17 or younger had a refusal rate of only 2% in 2004, which, when combined with the parental refusal rate of 6.2%, equaled 8.4%. This is only half of the 16% refusal rate for those 18 and over.²² It remains unknown whether people who use unapproved psychoactive drugs are more likely to refuse than those who do not, but it seems likely.

The total combined miss and refusal rates for most drug use surveys varies between about 15% and 55%. This represents the total percentage of selected respondents who did not complete a valid survey, and therefore were not represented in survey results.

Most Studies Are Not Validated

Unfortunately, few of the surveys that measure psychoactive use have any direct validation of results. They can be compared against other data sources, but results have no direct connection to actual use. Though alcohol and tobacco surveys have similar

problems, they also have two advantages: the legal status of their subject matter provides less reason for misreporting, and fairly reliable data from industry sales can be used to validate approximate consumption levels.

The only available validation for survey data about illegal drug use would be hair tests that could detect a variety of drugs used in the last month or two. Widespread hair testing presents technical, legal, and ethical challenges that make it nearly impossible to implement within a democratic society. Without a direct connection between self-reporting and actual use, survey results remain, at best, rough estimates of trends in use of psychoactives, at the mercy of an array of poorly understood confounding factors.

Official reports of survey results make a variety of claims about the accuracy of their prevalence estimates; however, all claims about validity are based on the unsupported assumption that nearly everyone truthfully reports their own illegal drug use. The main argument offered by MTF report authors is that the data is self-consistent and changes slowly from year to year. What they have shown is that their instrument is fairly reliable at showing whatever it is the instrument measures, but they have failed to show that the instrument measures rates of actual drug use. This is not to say that the surveys are completely inaccurate, but the results presented in the survey reports would be far more accurately represented as a range of possible values instead of a single number. Although it is simpler to say that 69% of 30-year-olds have

ever tried an illicit drug, the fact is that no one knows how accurate this number is and there is currently no method of finding out.

International Comparisons

It is not uncommon for newspapers or even government agencies to attempt to compare rates of psychoactive use between different countries. When two surveys of the same population can lead to significantly different results, a meaningful comparison of different surveys from different countries is effectively impossible because of variations in both methodologies and populations. Looking at other large, English-speaking countries, neither Canada nor Britain conducts long-term, nation-wide surveys about psychoactive use. The main surveys in those countries are not comparable in methodology or implementation to any of the top U.S. surveys.

International comparisons of drug use levels are often made in order to debate the relative effectiveness of different drug policies, but the tentative nature of nation-wide use estimates based on survey data makes only the very broadest of comparisons possible.

Unscientific and Biased Surveys

Statistics reported by news sources are sometimes based on survey data collected unscientifically by biased organizations. Politically-driven groups such as CASA or the Partnership for a Drug Free America publish survey results that major news agencies report on. The media often fails to

distinguish between scientific research and partisan surveys.

In April 2005, media companies trumpeted a new “study” that showed that prescription drug abuse was beginning to overshadow illegal drug use among teens. Of a dozen news stories on the topic, none mentioned that the “research” had been designed and conducted by a commercial marketing firm hired by the extremely partisan and prohibitionist organization Partnership for a Drug Free America.²⁵

Presentation and Interpretation

Perhaps the largest overall problem with psychoactive-related surveys is not a problem with the data itself, but with how the results are (mis)used and (mis)understood. The datasets generally say very little by themselves and require interpretation to be meaningful to most people. This process of interpretation and reporting may result in more distortion than the rest of the data problems combined. Overstating reliability, taking numbers out of context, ignoring conflicting results, suggesting causality where there is only correlation, and other simple techniques can be (and are) used to make the data support just about any rhetorical or political point.

Even when survey authors try to present their results neutrally, the complex statistical calculations involved can both obscure meaningful facts and trends as well as falsely identify non-existent facts and trends. Consequently, these authors provide complicated descriptions of methodology, known problems, and numerous qualifications

about not misusing or misunderstanding the nature of the data. Unfortunately, these technically-oriented caveats are seldom read and even more rarely mentioned when using results from a given survey to support a particular viewpoint.

The vast majority of people who hear statistics about levels of psychoactive use are exposed to them through breathless news stories about the problems of “drug abuse”, usually in the context of scary increases in use or claimed decreases in use attributed to some new enforcement policy.

Reading the news, it can be extremely difficult to sort out whether reported data is the result of valid research, what the actual findings of a study are, who put together the “conclusions” that are reported in the media, and, perhaps most importantly, whether these (often politically motivated) conclusions are reasonable.

To say that the newstainment industry is driven by stories designed to shock and scandalize viewers has become cliché. Moderation or the boringly level “trends” of psychoactive use over the past 30 years are almost never in the news.

The combination of the illegality of the activity, the explicit governmental and political desire to change people’s behavior, and the controversial nature of the subject make it impossible to trust most of what is reported as “factual” drug use statistics. Readers are encouraged to keep these issues in mind when reading about new studies, surveys and data regarding psychoactives and their use. ●

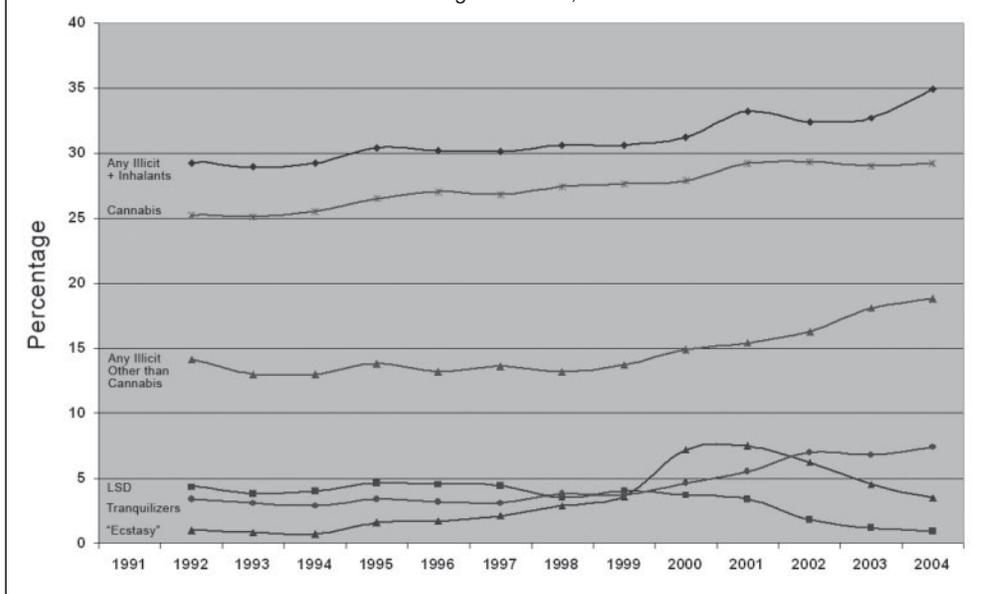
References to Part I

1. Gonzales v. Raich. U.S. S.Ct. 03-1454. Oral Arguments Transcript. 2004. p 35.
2. Johnson T, Fendrich M. “Modeling sources of self-report bias in a survey of drug use epidemiology.” *Ann Epidemiol.* 2005;15:381-389.
3. O’Malley PM, Johnston LD, Bachman JG, et al. “A comparison of confidential versus anonymous survey procedures.” *J Drug Issues.* 2000;30:35-54.
4. Moskowitz JM. “Assessment of cigarette smoking and smoking susceptibility among youth.” *Public Opin Q.* 2004;68(4):565-87.
5. Johnston LD, O’Malley PM, Bachman JG, et al. *Monitoring the Future National Survey Results on Drug Use, 1975-2004. Vol II.* NIDA. 2005. 91.
6. Substance Abuse and Mental Health Services Administration. *2004 National Survey on Drug Use & Health: National Findings.* 2005. 234-6. Accessed Oct 24 2005, <http://www.oas.samhsa.gov/nsduh.htm>.
7. Johnston LD, O’Malley PM, Bachman JG, et al. *Monitoring the Future National Survey Results on Drug Use, 1975-2003. Vol II.* NIDA. 2004. 67.
8. Johnston, 58.
9. Johnston LD, O’Malley PM, Bachman JG, et al. *Monitoring the Future National Survey Results on Drug Use, 1975-2003. Vol I.* NIDA. 2004.
10. SAMHSA. *2003 National Survey on Drug Use & Health.* 2003. 90.
11. Zuccato E, Chiabrando C, Castiglioni S, et al. “Cocaine in surface waters.” *Environ Health.* Aug 2005;4:14
12. SAMHSA, 2003. 193.
13. SAMHSA, 2003. Appendix D.
14. Roberts CD. “Data quality of the Drug Abuse Warning Network.” *Am J Drug Alcohol Abuse.* Aug 1996;22(3):389-401.
15. “New Dawn: Why It Cannot Be Compared with Old Dawn.” *The New DAWN Report.* DAWN. Sep 2005. Accessed Oct 15 2005 http://dawninfo.samhsa.gov/files/New_DAWN_Reports.htm
16. Rhodes W, Layne M, Johnston P, et al. “What America’s Users Spend on Illegal Drugs 1988-1998.” ONDCP. Dec 2000. Accessed Oct 19, 2005. http://www.whitehousedrug-policy.gov/publications/drugfact/american_users_spend/
17. CASA. “Teens Who Watch R-Rated Movies Likelier to Smoke, Drink, Use Marijuana.” *CASA 2005 Teen Survey.* Aug 18, 2005.

References to Part II

- * As a question about inhalants was not included on the survey given to 35-year-olds, the percentage for the 29- to 30-year-old age group is given

Past Year Use by 19- to 28-yr-olds
Monitoring the Future, 2004



Conference Reports

1. SAMHSA. *Summary of Findings from the 2000 National Household Survey on Drug Abuse*. 2000. Appendix B.3.
2. SAMHSA, 2003. Appendix B.
3. SAMHSA. *1997 National Household Survey: Main Findings*. 1997. Appendix B.2.
4. Gfroerer J, Eyerman J, Chromy J. "Redesigning an Ongoing National Household Survey: Methodological Issues." DHHS Publication No. SMA 03-3768. SAMHSA. 2002. 163.
5. SAMHSA, 2000. Appendix B: Impact of Field Interviewer Experience on the 1999 and 2000 CAI Estimates.
6. SAMHSA. *1999 National Survey on Drug Abuse*. 1999. Appendix D.
7. Hser Y. "Self-Reported Drug Use: Results of Selected Empirical Investigations of Validity" *The Validity of Self-Reported Drug Use*. NIDA. Research Monograph 167. 1997. 335.
8. Gustafson P. "Officials angered by St. Paul officers posing as census takers." *Star Tribune*. Jun 30 2000.
9. Johnson, 2005.
10. Johnston LD, O'Malley PM, Bachman JG, et al. *Monitoring the Future National Survey Results on Drug Use, 1975-2004. Vol I*. NIDA. 2005. 72.
11. Harrison L, Hughes A. "Introduction." *Validity of Self-Reported Drug Use*. NIDA Research Monograph 167. 1997. 4.
12. SAMHSA, 2003. 109.
13. Johnston, 2005 Vol II. 97-116.
14. Johnston LD, O'Malley PM. "The Recanting of Earlier Reported Drug Use by Young Adults." *The Validity of Self-Reported Drug Use*. NIDA Research Monograph 167. 1997. 59.
15. Johnston LD, Bachman JG, O'Malley PM. *Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors, 1995*. Ann Arbor, MI: Institute for Social Research. 1996.
16. Johnston, 2004 Vol I. Appendix A, Table A.2.
17. Johnston, 2005 Vol I. Appendix A: Dropout/Absentee Adjustments.
18. Fendrich M, Johnson T, Wislar J, et al. "Validity of drug use reporting in a high-risk community sample." *Am J Epidemiol*. 1999;149(10):955:62.
19. Rhodes, Endnote 4.
20. Rhodes, Table 3.
21. Johnston, 2005. Vol I.
22. SAMHSA. *2004 National Survey on Drug Use & Health*. 2004. 142.
23. SAMHSA. *Results from the 2004 National Survey on Drug Use and Health: Detailed Tables*. 2004. Table 4.6A.
24. "Club Drugs, 2002 Update." *The DAWN Report*. DAWN. Jul 2004. 3.
25. The Partnership for a Drug-Free America. *Partnership Attitude Tracking Study: Teens 2004*. Apr 21, 2005. PDF A. 5.

DRUGS: THE SHAPE OF THINGS TO COME London, England : June 17, 2005

Organized by DTL (Drug Treatment Limited), this conference focused on the near future of psychoactive and performance-enhancing drugs. Wrye Sententia of CCLE chaired the event, Earth and Fire presented, and Ann and Sasha Shulgin made appearances; the rest of the speakers were new to us.

Robert Forman described his research tracking the explosion in online availability of "no-prescription" opiates over the last few years and some of the law enforcement implications of internet medicine sales. Michelle Verroken spoke about the complex emerging problems of performance-enhancing drugs and "nutraceuticals"; as the use of supplements that improve physical and mental function becomes normalized in the general public, athletes are increasingly being denied the use of drugs that are freely available to the rest of the population.

In a talk entitled "Super Soldiers", David Neil covered the use of prescribed amphetamines in the military, and the future use of battle field stimulants and painkillers. John Marsden talked about smart drugs and the growing use of mild performance-enhancing drugs in the general population. Finally, Fire and Earth discussed the history of drug information online and described the effects of some new technologies and mobile wireless devices on peer-to-peer sharing of information about psychoactives.

We had an amazing, but sadly short, trip to England and enjoyed the opportunity to meet with the Beckley Foundation as well as a visit to the amazing Kew Gardens.

SACRED ELIXIRS

San Jose, California : Oct 22-23, 2005

Sacred Elixirs, organized by Mike and Melanie Crowley, was held in the center of San Jose, California at the Montgomery Theater and the San Jose Convention Center.

Overall, the conference went very well. The program was weighted towards traditional entheogens and the spiritual use of psychoactives, with a focus on mushrooms.

The Saturday lineup included Ralph Metzner, Cynthia Palmer and Michael Horowitz, Clark Heinrich, and Dale Pendell, followed by a panel discussion about the identity of Soma with David Flattery, Scott Haijcek-Dobberstein, Dale Pendell, Clark Heinrich, and John Winslow. Sunday featured Marlene Dobkin de Rios, Paul Devereux, Tom Riedlinger, Earl Crockett, and Ann and Sasha Shulgin. The event was rounded out by poetry readings between speakers, experiential workshops on meditation and Holotropic Breathwork, and music. Erowid manned a table, answered questions, and chatted with new and old members.

As this was the organizers' first conference, there were a few rough edges; perhaps the worst was that, due to space limitations in the Montgomery Theater, the room where workshops took place was a block away from the auditorium where the lectures were held. This made it difficult to move between the primary auditorium and the workshops.

PSYTOPIA FESTIVAL - CANCELLED

Runaway Bay, Jamaica : Aug 17-22, 2005

Scheduled for August 2005 in Jamaica, the Psytopia festival was designed to be a fundraising event for five organizations: the Multidisciplinary Association for Psychedelic Studies (MAPS), Alex Grey's Chapel of Sacred Mirrors, the Albert Hofmann Foundation, the Drug Policy Alliance (DPA) and the National Organization for the Reform of Marijuana Laws (NORML).

Unfortunately, the event was cancelled at the last minute by organizer Alex Pearlstein. Most of the decisions that led to the cancellation can be forgiven except the following:

1. Pearlstein waited until the day people were leaving for Jamaica to cancel the event, so many guests did not receive notice of the cancellation in time.
2. Pearlstein did not go to Jamaica himself or send a representative, leaving those guests who showed up to fend for themselves.

Sadly, Psytopia ended up wasting the time and energy of many groups, including the charities it was intended to help. ●

THE DISTILLATION

The Distillation includes updates, statistics, and information that we hope will offer insight into the ongoing site additions, traffic, and projects currently underway at Erowid.

Erowid Center: Going Non-Profit

As part of our “revisoning” process during Erowid’s ten-year anniversary, we determined it was time to form a new sister organization. This public benefit corporation, named Erowid Center, will be the 501(c)(3) non-profit wing of Erowid.

Erowid Center incorporated in California on July 27, 2005. There are five members of the Board of Directors, each with a one-year term, as well as a ten-member Council of Electors that is responsible for electing the Board each year.

The primary reasons for creating Erowid Center include: creating a stable organizational structure for the long-term continuity of the project, clarifying our tax status (some people already assume we are an official non-profit), increasing our ability to receive institutional grants, and facilitating the acceptance of tax-deductible “in-kind” donations such as computer hardware or books.

Erowid, which will be maintained as a separate “for-profit” business, will be tasked with doing the things that non-profits are not allowed to do, such as sell items. It turns out that transitioning into a 501(c)(3) tax-exempt non-profit corporation from an existing business is more complex than starting one from scratch. The for-profit/non-profit split does not mean we are planning to add any new activities in the short term.

As of November 2005, tax-deductible donations to Erowid should continue to be made through Erowid’s fiscal sponsor, MAPS. We expect that our application to the IRS will receive extra scrutiny because of the nature of our work, but we should be able to accept tax-deductible donations to Erowid Center sometime early in 2006.

Though we are still in the process of defining what tasks will be taken over by Erowid Center and seeking federal tax-exempt status from the IRS, we are excited by this new stage in the life of Erowid.

Image Vaults

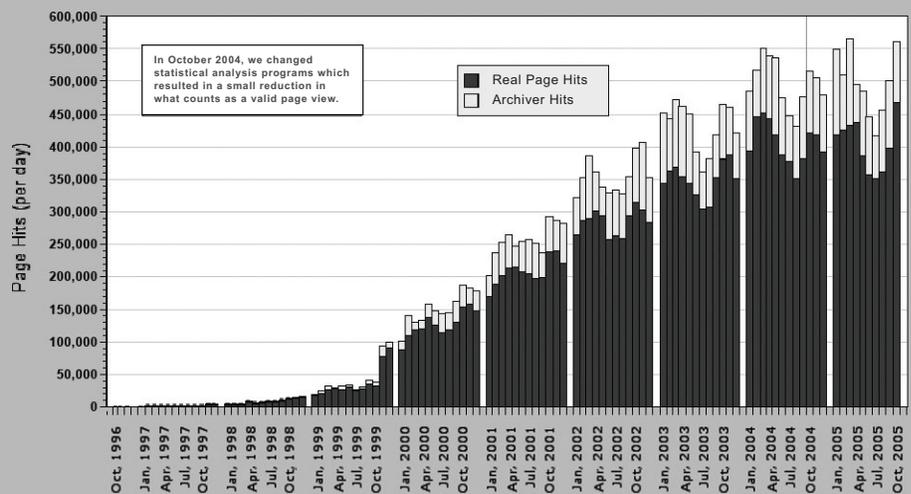


Published images	5,716	Viewed each day	83,400
Published in last 6 mo.	60	Submitted each day	5
Awaiting processing	2,913	Substances covered	

Experience Reports

Published reports	9,377
Published in last 6 mo.	941
Fully triaged reports	6,195
Partially triaged reports	2,717
Un-triaged reports	12,875
Viewed each day	62,000
Submitted each day	22
Substances included	358
Active triagers	32

Site Traffic (1995-2005)



Summer Matching Drive a Big Success

Erowid's summer fundraising drive was a big success. Thanks to a generous offer from Erowid benefactor John Gilmore, "plus-level" donations made to Erowid during June, July, and August were matched dollar for dollar up to a total of \$12,000.

At several points it looked like we might not meet our goal, but thanks to 198 contributors who stepped forward to make qualifying donations during this time, we were able to use all of the available matching funds with ten days to spare.

We were also successful in our search for a donated laptop. In early October, one of the main machines used to manage volunteers died and we sent out a request for anyone able to donate a laptop. We received several offers as well as some help in targeted fundraising. At the Sacred Elixir's conference, Tom Riedlinger contributed the proceeds from the sales of several of his books to the laptop fund. Special thanks to Azure for donating a recent Gateway laptop and to Braided Matrix for contributing a used G3 laptop. Through this drive, we will end up with a laptop for each of the three main Erowid crew members. Thanks to everyone who responded!

Visionary Art Vaults



Los Angeles, by Marshall

Published pieces	1,520	New pieces in last 6 mo.	117
Number of artists	427	New artists in last 6 mo.	40
Viewed per day	7,381	Curated by Christopher Barnaby	

EcstasyData.org

2005	Daily Visitors	2,435	Daily Page Hits	18,098
	Tablets Tested	102	Daily File Hits	300,613
BY YEAR	Tablets Tested		Testing Results (1999-2005)	
	2004	151	Total Tablets Tested	1,421
	2003	148	MDMA Only (38%)	563
	2002	301	MDMA + something (16%)	229
	2001	332	No MDMA (46%)	668
	2000	333	- Nothing	95

The most common tablet imprint names entered into the EcstasyData search engine in October 2005 were "Dolphin", "Star", "Butterfly", "Superman", and "Mitsubishi".

Membership

Current members	1,143
Expired members	1,793
Members in U.S.	857 (75%)
Members in other countries	285 (25%)
Countries with members	36
Top 10 membership countries	
USA (857); UK (69); Canada (57); Australia (43); Germany (15); Netherlands (12); Finland (10); New Zealand (10); France (8); Ireland (7)	

Content

Content pages	32,748
Number of substance vaults	293
Most popular substance vaults:	
Mushrooms; Cannabis; LSD; MDMA; Cocaine; Methamphetamine; Salvia divinorum; DXM; Morning Glory; DMT; Opiates; Ketamine; Heroin	
Most accessed documents:	
Mushroom Effects; Drug Testing Basics; MDMA Effects; LSD Effects; HPPD Survey; Natural Highs FAQ	

The most common search terms entered into the Erowid search engine in October 2005 were "Xanax", "Adderall", "Valium", "Vicodin", "Salvia", "Ambien".

Erowid Traffic Statistics

2005	Daily Visitors	47,437	Daily File Hits	2,968,217
	Daily Transfer	23.20 GB	Daily Page Hits	447,926
BY MONTH		Avg Daily File Hits	Avg Daily Page Hits	Avg Daily Visitors
	Oct 2005	2,968,379	447,926	47,437
	Sep 2005	2,534,905	375,616	41,345
	Aug 2005	2,460,270	361,296	40,162
	Jul 2004	2,321,268	344,557	36,624
	Jun 2004	2,434,062	353,864	38,251
BY YEAR	2005	2,468,342	397,767	39,946
	2004	1,799,694	405,528	31,241
	2003	1,421,815	349,530	25,997
	2002	1,206,855	283,541	23,042

VERBATIM

“Much madness is divinest sense. Much sense the starkest madness.”

— Emily Dickinson (1830–1886)

“The statistics on sanity are that one out of every four Americans is suffering from some form of mental illness. Think of your three best friends. If they’re okay, then it’s you.”

— Rita Mae Brown (b. 1944)

“True friendship is like sound health, the value of it is seldom known until it be lost.”

— Charles C. Colton (1780–1832)

“It’s no measure of health to be well adjusted to a profoundly sick society.”

— Jiddu Krishnamurti (1895–1986)

“The instinct of nearly all societies is to lock up anybody who is truly free. First, society begins by trying to beat you up. If this fails, they try to poison you. If this fails too, they finish by loading honors on your head.”

— Kurt Cobain (1967–1994)

“May the forces of evil become confused on the way to your house.”

— George Carlin (b. 1937)

“What we call evil is simply ignorance bumping its head in the dark.”

— Henry Ford (1863–1947)

“No brain is stronger than its weakest think.”

— Thomas L. Masson (1866–1934)

“Once expanded to the dimensions of a larger idea, [the mind] never returns to its original size.”

— Oliver W. Holmes Jr. (1841–1935)

“I have always imagined that paradise will be a kind of library.”

— Jorge Luis Borges (1899–1986)

“Attachment to spiritual things is ... just as much an attachment as inordinate love of anything else.”

— Thomas Merton (1915–1968)

“Enlightenment is just another word for feeling comfortable with being a completely ordinary person.”

— Veronique Vienne (b. 1942)

**Kto sa veľa nadchýňa,
veľmi dlho skapíňa.**

**[The more you are filled with
delight, the longer it takes to die.]**

— Július Satinský (1941–2002)

“If God dropped acid, would he see people?”

— Stephen Wright (b. 1955)

“There is an almost sensual longing for communion with others who have a larger vision. The immense fulfillment of the friendships between those engaged in furthering the evolution of consciousness has a quality almost impossible to describe.”

— P. Teilhard de Chardin (1881–1955)

“Do not put your faith in what statistics say until you have carefully considered what they do not say.”

— William W. Watt (b. 1912)

“Surrealism to me is reality. Psychedelic vision is reality to me and always was.”

— John Lennon (1940–1980)

“All life is an experiment. The more experiments you make the better.”

— Ralph W. Emerson (1803–1882)

“It is the prayer of my innermost being to realize my supreme identity in the liberated play of consciousness, the Vast Expanse. Now is the moment, Here is the place of Liberation.”

— Alex Grey (b. 1953)

“There is no language of the holy. The sacred lies in the ordinary.”

— Deng Ming-Dao

“I wanted a perfect ending. Now I’ve learned, the hard way, that some poems don’t rhyme, and some stories don’t have a clear beginning, middle and end. Life is about not knowing, having to change, taking the moment and making the best of it, without knowing what’s going to happen next.”

— Gilda Radner (1946–1989)

“There ain’t no answer. There ain’t going to be an any answer. There never has been an answer. That’s the answer.”

— Gertrude Stein (1874–1946)

“Absolute truth is a very rare and dangerous commodity in the context of professional journalism.”

— Hunter S. Thompson (1937–2005)

“To Thales the primary question was not what do we know, but how do we know it.”

— Aristotle (384–382)