

Erowid Extracts

A Psychoactive Plants and Chemicals Newsletter

June 2004

Number 6

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 hundreds of individuals including parents, health professionals, doctors, therapists, chemists, researchers, teachers, 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 . . .

Editorial: Constant Commerce ...	2
Letters & Feedback	3
U.S. Drug Control Timeline.....	4
Stuck in a Time Bubble.....	6
Drug Geeks.....	8
Ask Erowid	11
A Survey of <i>S. divinorum</i> Users..	12
Eternal Control Malfunction	16
Legal Updates	18
Hey, It's A Library!.....	20
Escottology	22
Distillation	23

We at Erowid are generally media shy and tend to want to focus the project's limited resources on data and technology rather than on promotion or media attention. But last year we were convinced by a couple of friends that if we continued to rebuff even *friendly* media inquiries, we were passively tipping the scales towards those journalists who would write about the project without actually talking to us. It seemed likely that these people would be less sympathetic in their writing than those who were kind enough to take "no" for an answer.

In early April, Seattle's weekly alternative paper *The Stranger* published a full-page editorial about Erowid. The article was written by Erowid supporters who bid on and won the column inches in a charity auction. "Erowid.org: Drug Information Wants to be Free" described Erowid and actively asked readers to support the project with donations. "Whether you feel drugs are a fool's errand or whether you're an ardent proponent of psychedelics or other substances, you may still realize the value and critical importance of such a vital repository of data that is independent of mass media and government control."

Then, in late April, there was a positive four-page feature article by Erik Davis published in the *LA Weekly*, titled "Don't Get High Without It—The Vaults of Erowid supplies the ultimate trip buddy: information". The article included a little biographical information about us and offered a relatively sophisticated overview of the complexities faced by the Erowid project. Davis wrote, "Prohibition will never be the same. Erowid has already forced government sources like NIDA and ONDCP to become more sophisticated as they face a widening credibility gap with young people."

These two pieces precipitated a lot of positive emails and feedback. Their online versions also became the highest direct

referrers for the first week after they were published (spots usually occupied by the search engines).

Despite our reticence, it is clear that getting positive media attention helps bring in new support and introduces the site to people who aren't familiar with it. It's easy, buried in Erowid Central, to imagine that everyone who's interested in psychoactive plants and chemicals already knows about all the major online resources and at least has stopped by Erowid in a search. But that is clearly not the case.

As the project edges over 30,000 unique visitors per day and we consider the impact our site may have on those newly exposed to it through these media articles, we are reminded of Murrow's words (below) and their hint about responsibility.

"Just because your voice reaches halfway around the world doesn't mean you are wiser than when it reached only to the end of the bar."

— Edward R. Murrow

It's tempting to spend much of our time re-re-reconsidering the ramifications of the individual choices we make, but our overall vision remains clear. As David, a new member who joined after reading the *LA Weekly* article, wrote when describing his younger days of exploration:

"Back in those days I sometimes found myself in places that were hard or confusing or scary and over time came up with four directives that were simple enough for me to remember even under duress:

Keep Breathing. Tell the Truth. Be Fearless. Choose Love."

:]

Earth & Fire

CONSTANT COMMERCE

Who's in Control of the Ads?

by Fire Erowid

One part of our work at Erowid is to try to stay up-to-date on media about psychoactive chemicals. So when, on February 13th, 2004, we heard that the *Chicago Tribune* had published a new article about the abuse of “cold medicine”, we went to their website to read what they had to say.

The article, titled “Abuse of cold medicine on rise: Some stores try to thwart teens”, focused on the increase in the use of DXM-containing tablets—as opposed to syrups—among young people. The article was reasonable, addressing the relative difficulty of drinking a bottle of cough syrup compared to the ease of consuming tablets. The concern they expressed was that increased availability of DXM-containing tablets is causing an increase in use.

“Emergency room physicians are reporting a sharp increase in teens abusing non-prescription cough and cold medicines, which are back in vogue as recreational drugs because the products are accessible and easier to take than ever before.

[...] The latest concerns have caused some drugstore chains to limit purchases. But the efforts don't go far enough, say many critics, who are urging that all such products be sold strictly from behind the counter.

‘It's not illegal to purchase. It's not even illegal to take in large quantities. It's just dangerous and foolish and that is what is scaring everybody,’ said Dr. Charles Nozicka, director of pediatric emergency medicine at St. Alexius Medical Center in Hoffman Estates.”

The article continued, telling the story of a 17-year-old who had problems controlling his use of Coricidin tablets and eventually ended up in a substance abuse treatment center.

But what was particularly—disturbing? amusing? concerning?—was that when we first visited the *Chicago Tribune* website to try to find the article, we entered “DXM” into their search field and hit GO. At the top of the results page appeared three paid advertisements (see screenshot). One of the ads was for a website discouraging the use of DXM as a psychoactive. The other two were for vendors selling

psychoactive products. The first of these was for a research chemical vendor advertising a selection of research chemicals (2C-I, 5-MeO-DMT, 2C-E) as well as pure DXM powder. The second was for a site selling “Dextromethorphan Bulk”.

This brings up interesting questions about who is in control of advertising in the digital age. Erowid is often accused by detractors of promoting the use of psychoactives, but we have a strict policy against accepting advertisements and choose not to link to sites we know sell psychoactive research chemicals. Yet the *Chicago Tribune*, a major urban newspaper, has systems in place which feed ads for psychoactive chemical vendors to their readers, even going so far as to place ads for bulk DXM around a story decrying its use. It seems unlikely that the *Chicago Tribune* would have chosen these ads to be displayed. Yet they are willing to give up control to an automated system that produces unexpected and often undesirable results. The system ignores the nuances of article content, working off of keyword matches. Those three ads may have sensibly matched the search term “DXM”, but they appear ludicrous when combined with the article in question.

One part of Erowid's mission is to separate the distribution of information from sales, with the hope this can help reduce the conflicts of interest that complicate neutral consideration. The problem of unwanted advertisements is a growing issue. We recently had to remove the Google phrase search from *our* search page due to similar issues. Search results were being displayed on Erowid pages with Erowid headers and footers, next to vendor-sponsored ads fed by Google. All too often, these ads were for research chemical vendors.

It's interesting that, despite the War on Drugs, a search done on a term related to psychoactive materials—using the major search engines Google and Yahoo—results in a good portion of the browser window filled with ads for psychoactive vendors.

The *Chicago Tribune* has since taken down its article about the abuse of DXM tablets, but as of early May 2004, a search on the term “DXM” on their website still provided the same advertisement results. ●



I need to thank Erowid for all the HARD WORK put into this site. My friend sold me 5-MeO-AMT as regular AMT and I thought that was what it was 'cause he seemed to know what he was talking about. So I bought three thinking they were 8-10 mg apiece and I would take all three. But I got on Erowid and read up on things and saw they could be easily confused. So I took only one and had a nice hard trip. Three could have been bad.

— JEREMY
Email to Erowid

This site is lacking like so many other drug sites. It has no overdose information; If I accidentally inhale some heroin or cocaine how am I supposed to know how much can kill me; if I find a gram of LSD how am I supposed to know if it's safe to touch, this site should have exact overdose information in grams; I mean c'mon how common sense is this yet I can't seem to find the overdose examples for any major substance. You call this education? More like a guide to accidental suicide!!!!

— JON W.
Submitted to Erowid guestbook

The way I found this web site is by seeing that my step-daughter had been to it by the history on my web browser. If these are the kind of people you are attracting as members then you are definitely doomed. She is a bona-fide idiot and has absolutely no means of income so your money will soon be gone too.

I believe your cause and goals are futile and anyone associated with you is a loser. The end is near for your movement. I laugh at your stupid ideology.

— GARY
Submitted to Erowid guestbook

I just want to say, Erowid.org is possibly the best site ever. I've been arguing with my mom for days about her Dexedrine use, and she remained unconvinced. Then she asked me where I got so smart about speed, I suppose implying that she thought I'd done it before, and I told her about Erowid. She had a look at it, and now she's going to look more into getting off the Dexies for good.

— STONERKIM
Posted to boards.marihem.com

My name is Mike and I am a third-year medical student. I am writing this E-mail to thank you for this website because it was very helpful to us last night in the psychiatric emergency service.

On 5 Feb, 2004 a 19-year-old single African-American male presented to the psychiatric emergency service with complaints of paranoid ideation (a feeling of impending doom and suspicion that his friends and family were going to hurt him, even though he conceded that these suspicions were unreasonable).

The patient's history was significant for one night of experimentation with 2C-I six weeks prior to his visit. The patient described the experience as very unpleasant with visual illusions (swirling colors and patterns), and an overwhelming feeling of impending doom. After he had recovered from the intoxication, he was well until one week later when he began to experience brief episodes of the same paranoia he had experienced while on 2C-I. Over the next 5 weeks, these episodes increased in both duration and frequency until the patient was continuously affected by these feelings.

When he presented, I had just come on shift and the staff was asking "Has anyone heard of 2C-I?" Because I am interested in substance use and abuse issues in adolescents and young adults, I said that I had heard of it and that I knew that it was a phenethylamine hallucinogen. Unfortunately, a search of the medical literature gave me no relevant results.

Fortunately, I knew about Erowid and looked on your site. To my delight, you have information on this very rare drug, including its chemical structure and even a link to the EU's scientific review on this substance. This information helped us treat this patient's symptoms, which we diagnosed as a hallucinogen-induced psychotic disorder.

The patient is being treated with a brief (1-2 week) course of low-dose antipsychotics and we expect that his symptoms will resolve completely. I just wanted to let you know that your website was useful to us and I wanted to thank you and encourage you to persevere in this project. You have helped one of our patients and I am grateful to your website for that.

— "JACK"
Email to Erowid

Head Archivist	Fire Erowid
Technical Director	Earth Erowid
Associate Editor	Sylvia Thyssen
Crew	mindlace Stu Embroglio Psilo Lad LaMalice
Art Curator	Christopher Barnaby
Report Reviewers	Scruff Tacovan Florian Raoul
Copy Edits	Zak Braverman Urge
Layout & Design	Fire Erowid

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

© 2004 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.

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

U.S. Drug Control TIMELINE

by Fire Erowid

The legal control of psychoactives in the United States began soon after the country was formed. Within a few years of the ratification of the Constitution, the first drug control measure was approved by Congress in the form of a tax on the production of whiskey.

Over the next 200 years, the federal government continued to increase these controls, growing increasingly bold in the

interpretation of its powers. Restrictions were put in place out of a combination of legitimate health concerns, puritan ethics, corporate goals, and xenophobic attitudes.

A look at the order of major drug control measures that were passed gives a sense of how a culture can go from no such laws to the outlawing of any unapproved intoxicant. Agencies were created, merged, and destroyed in succession as the federal

government worked to effectively impose control on the use of psychoactives. The process moved from taxes, to limitations and restrictions, to full control and prohibition. And in that same period of time, use has continued to increase.

Perhaps something can be learned by reviewing the steps (forward and back) that drug control has taken throughout the history of the United States.

1791 — Whiskey Excise Tax

Imposed a federal tax on the production of whiskey and required all stills to be registered. Led to the Whiskey Rebellion of 1794.¹

1848 — Drug Importation Act

Required all medications (as defined by the newly established pharmacopeia) entering U.S. ports to be inspected and analyzed for “quality, purity, and fitness for medical purposes”.²

1862 — Office of Internal Revenue

Created by an act of Congress to collect federal taxes. Responsible for enforcing taxes on distilled spirits. Organized under the Dept of Treasury and renamed the Internal Revenue Service in 1953.

1868 — Pharmacy Act of 1868

Required testing and registration by those who dispensed drugs including morphine, cocaine, and barbiturates. Did not regulate patent medicines (proprietary mixtures sold to consumers).

1875 — Opium Dens Targeted

San Francisco passed the first U.S. ordinance against smoking opium in opium dens. Other cities and states followed in the next few years.³

1882–1901 — Temperance Education Laws

Pushed by the Women’s Christian Temperance Union (WCTU), during this period every U.S. state enacted laws requiring that students be taught the harmful effects of alcohol and narcotics.⁴

1897 — Tea Importation Act

Established a board of tea experts to create standards of tea quality. Allowed customs inspections of all tea entering U.S. ports with the power to refuse entry to sub-standard tea. First law regulating food products.⁵ This act was not repealed until 1996.

1906 — Pure Food and Drug Act

Prohibited the manufacture and sale of “adulterated or misbranded” foods, drugs, and medications. Specifically required labelling of

products containing alcohol, morphine, opium, cocaine, heroin, and cannabis among a few others. This led to the decline of patent medication sales.

1906 — Bureau of Chemistry

Organized under the U.S. Department of Agriculture and responsible for enforcing the requirements of the Pure Food and Drug Act. Later became the Food and Drug Administration.

1909 — Smoking Opium Exclusion Act

Banned the importation, possession and use of “smoking opium”. Did not regulate opium-based “medications”. Prompted by U.S. participation in the international Shanghai Opium Commission the same year.⁶ This is the first federal law banning the non-medical use of a substance.

1914 — Harrison Narcotics Act

Required those who dispensed “opium or coca leaves, their salts, derivatives, or preparations” to register, pay a small tax, and keep records of the drugs they dispensed. Allowed physicians to prescribe these “narcotics”, but only in the course of treatment and not to addicts. Made it illegal to possess narcotics without a prescription. This is the first federal law requiring a license or prescription for legal possession.

1914–1927 — Bureau of Internal Revenue

Responsible during this time for registration and collection of taxes under the Harrison Narcotics Act.

1920 — The 18th Amendment & the Volstead Act

The passage of the 18th Amendment and the Volstead Act effectively outlawed the production, sale, and transportation of alcoholic beverages in the U.S. Allowed for the use of legally acquired alcohol only in private homes.

1922 — Narcotic Drug Import and Export Act

Also called the Jones-Miller Act. Increased penalties and further restricted the import and export of opium and coca.

1922–1930 — Federal Narcotics Control Board

Established by the Narcotic Drugs Import and Export Act to make regulations regarding the import and export of opium and coca.

1924 — Heroin Act

Made the manufacture and possession of heroin illegal.⁶

1927–1930 — Bureau of Prohibition

Created by an act of the same name. Replaced the Bureau of Internal Revenue with a new bureau under the Dept. of Treasury. This is the first organization responsible solely for the enforcement of drug and alcohol laws.

1930–1968 — Federal Bureau of Narcotics

Replaced the Bureau of Prohibition and moved the enforcement of drug laws from the Dept. of Treasury to the Dept. of Justice. Its first commissioner, the infamous Harry Anslinger, began actions to control cannabis in addition to opium and coca.

1932 — Uniform State Narcotic Act

Encouraged states to pass uniform state laws matching the federal Narcotic Drug Import and Export Act. Suggested prohibiting cannabis use at the state level. By 1937 every state had passed laws prohibiting cannabis use.

1933 — 21st Amendment Repeals Prohibition

Removed the federal ban on production and sales of alcohol and gave control of alcohol laws to the states.

1937 — Marihuana Tax Act

Made it federally illegal to buy, sell, barter, or give away cannabis without paying a transfer tax. This is the first federal law regulating the possession and sale of cannabis. Declared unconstitutional in 1969 in *U.S. vs Timothy Leary*.

1938 — Food, Drug, and Cosmetic Act

Revised and expanded the Pure Food and Drug Act to require more extensive labelling and safety testing of food products. Introduced safety standards and required that new drugs be shown to be safe before marketing.

1951 — Boggs Act

Imposed mandatory minimum sentences for those convicted of violating the Narcotic Drug Import and Export Act or the Marihuana Tax Act. These minimums were mostly repealed in 1970.

1956 — Narcotics Control Act

Also known as the Daniels Act. Further increased penalties and mandatory minimums for violations of existing drug laws.

1965 — Drug Abuse Control Amendment

Regulated, for the first time, the sale and possession of stimulants, depressants, and hallucinogens. Restricted research into psychoactives such as LSD by requiring FDA approval.

1965–1968 — Bureau of Drug Abuse Control

Formed under the Dept. of Health, Education, and Welfare. Responsible for enforcing the Drug Abuse Control Amendment.

1968–1973 — Bureau of Narcotics & Dangerous Drugs

Created by executive order, under the Dept. of Justice, by merging the Federal Bureau of Narcotics and the Bureau of Drug Abuse Control.

1970 — Controlled Substance Act

Replaced the Drug Abuse Control Amendment. Organized federally regulated drugs (including opiates, coca, cannabis, stimulants, depressants, and hallucinogens) into five schedules with varying restrictions and penalties.

1973 — Drug Enforcement Administration

Created by executive order under the Dept. of Justice. Combined the Bureau of Narcotics and Dangerous Drugs and several other law enforcement organizations.

1984 — Uniform Drinking Age Act

Withheld sizeable federal transportation funds from states that refused to raise their drinking age to 21.

1986 — Anti-Drug Abuse Act of 1986

Increased sentences and re-imposed mandatory minimums. Judges are required to impose minimum sentences based on the type and quantity of drug involved.

1986 — Federal Analogue Act

Created a new legal definition of "analog" and placed analogs of a controlled substance into the same schedule as that substance.

1988 — Anti-Drug Abuse Act of 1988

Replaced the term "recreational use" with "abuse" in the federal vocabulary. Strengthened ability to confiscate property in drug-related crimes. Re-instated the death penalty for traffickers.

1988 — Office of National Drug Control Policy

Created by the Anti-Drug Abuse Act of 1988. The head of the ONDCP is the "drug czar", a cabinet level position.

1994 — Dietary Supplements Act

Broadened the definition of "dietary supplements" (as distinguished from "foods" and "drugs") and significantly lessened FDA control over them.⁷ ●

References

1. Barr A. *Drink: A Social History of America*. Carroll & Graf, 1999. p 321.
2. Higby GJ. "Drug Quality and the Origins of APhA". *Journal of the American Pharmaceutical Association*. 2002; 42(6):831-835.
3. Brecher EM. *Licit and Illicit Drugs: The Consumers Union Report*. Little, Brown and Co., 1972. p 42.
4. Beck J. "100 Years Of 'Just Say No' Versus 'Just Say Know'". *Evaluation Review*. 1988; 22(1):15-45.
5. Merrill TW, Tongue KA. "Agency Rules with the Force of Law". 2002. <http://www.utexas.edu/law/news/colloquium/spring2002sched.htm>.
6. Courtwright DT. *Dark Paradise*. Harvard Univ. Press, 2001. p 104-5.
7. U.S. Food and Drug Administration. Dietary Supplements Overview. Accessed Apr 5, 2004. <http://vm.cfsan.fda.gov/~dms/supplmnt.html>

STUCK IN A TIME BUBBLE

An Experience with 5-MeO-DMT

by Warp

Dosage: A single lungful (actual quantity in spoon unknown)

Setting: A 3-day, 2-night party. Those of us indulging in this particular substance were in a small bedroom, adjacent to the main living room where most of the (mellow) party was going on.

Other Factors: I had dosed on 15 mg 2C-B and 3 capsules full of powdered mushrooms the previous night. I was certainly baseline before taking the 5-MeO-DMT, but it is possible that my experience was affected by residual effects on my neurons, kidneys, etc. I normally take a balanced multi-vitamin each day, and I am fairly certain I remembered to have one that evening with a meal a couple of hours before dosing. My mental state was mainly one of frustration and impatience, feeling that my psychedelic experience of the night before was largely a futile re-hashing of the same unanswerable questions and unresolved problems I've been dealing with throughout my life. I hoped that 5-MeO-DMT would be the thing to push me through to a clearer level.

Note: At the last minute, I informed my significant other, 'J', (who at the time was in the living room adjacent to where I would be smoking the 5-MeO-DMT) that I would be indulging in this new substance that night.

The Lead-in:

After some debate and confusion over whether snorting or smoking would be the better method for some or all of us, we finally all settled on smoking. E was handed a small tube, shorter but a little wider than a large drinking straw. P (our ground control, spoon holder, and caretaker) held a large spoon containing a dollop of 5-MeO-DMT with two lighters beneath it, instructing E to begin inhaling slowly through the tube as soon as the smoke got thick. E got a lungful, said something like, 'Here I go,' and fell back on the pillow. I was not certain whether P then added more substance to the spoon before giving M a turn, but I suspect so. M inhaled, waved, and said 'goodbye' while falling back

onto the other pillow with an enormous grin. I believe that P added more substance to the spoon before handing the inhaling tube to me. I found the smoke surprisingly light and easy to take in. By the time I tasted it in the back of my throat, it had me. All I could manage to say was something like, 'guh,' thrusting the tube wildly in P's direction, as I fell back on the blanket bunched against the wall, turning inside out through my chest.

(Disclaimer: The following events may be partially or completely misremembered and/or inaccurately portrayed. Statements in quotations may or may not have been actually uttered by the person they are attributed to, or thought by me at the time.)

The Experience:

Purgatory. Neither here nor there. A fuzzy white bubble of crumpled time. One fractured moment, jumping around like a DVD randomly skipping between tracks. It tries to decide if this is Heaven or Hell, and cannot resolve this. It burns us and it freezes, precious. Torment and ecstasy rolled all together in a tight little ball. She's right. It's not LIKE anything. Later, someone tells me that N,N-DMT is similar. Similar? How could anything be similar? What could possibly be 'like' that, without being that?

M says, 'It's always like this.' Someone else says, or is SUPPOSED to say, 'But it's different this time.' ...Scattered laughter... P says, 'Do you want me to close the door, so it will always be dark?'

This has always been said. All of this has always happened.

I say clever things like, 'shit,' and 'fuck,' while I think, always, 'Why did I do that? Now I'm trapped here forever.' I wonder if my body will die in this room, or dematerialize; or if it will go on, perhaps with some other entity at the helm, seeming to live out the rest of my life while this consciousness remains in this moment for eternity. Maybe this is the point where I wake up in my mother's womb, destined to live this same pointless life up to this moment, memory wiped but

for the occasional, inexplicable déjà vu and an unshakable sense of foreboding. I cackle with lunatic irony. Condemning oneself to eternal damnation is hilarious, when you think about it.

The whole scenario inverts and repeats, eternally. There is a buzzing sound, like a handsaw. Hzzzzzz. Eeeeeeee. Hzzzzzz. Eeeeeeee. J is beside me. 'You're hyperventilating,' he says. And so I am. The buzzing noise is me. I sit up. Hands in the air, shuddering, I try to slow my breathing.

"The whole scenario inverts and repeats, eternally."

'Holy shit,' I say, grinning from ear to ear. Nobody realizes that the grin is an expression of my amusement at being eternally damned. 'You don't say,' says J, with a curious/worried/amused look. 'Multiple orgasms?' asks M. 'No. Kind of. Yeah, I guess. Not really.' 'It's everything,' says M to J, as always. 'You wanna go there?' 'No,' I say, quite emphatically. I can't bear the thought of J having to be trapped here too. 'No,' says J, following the script. 'I know that about you,' says M, eternally.

MUST BREAK THE CAUSAL LOOP, is my urgent and only thought (yes, my brain at that moment had chosen to paraphrase a line from the movie 'Happy Accidents,' still freshly imprinted on my fragile neurons) as I cleverly exclaim 'Goddamnit,' and lunge clumsily for the door. Through the door, the bubble of time stretches and breaks around me. I feel streamers of time bubble still clinging to me, but they gradually dissolve as I concentrate all of my being on interacting with the others outside, trying to form coherent words to describe what is happening to me.

What HAD happened. Past tense, now. That's better.

As J settles beside me, I implore, 'If I ever, ever tell you I want to do that again, talk me out of it.' Immediately, I begin thinking of circumstances under which I would consider taking this drug again.

Recovery and physical effects:

Although nobody was keeping track of the time—and the subjective experience lasted for eternity—the entire episode up to this point probably took no more than a few minutes, somewhere between 5 and 20. Recovery largely involved lying on my back, breathing deeply, and attempting to describe what I experienced to concerned onlookers. It eventually came to me that not only was the hardwood floor under my back rather cold, but my presence there, fervently gasping precious life back into my body, was probably a bit of a bummer to the people attempting to talk and play games there in the living room. With some help from J, I made my way upstairs to the darker, quieter, sleeping/chill area upstairs, where I could finish recovering in a warm bed without bothering people.

My body seemed almost completely anesthetized by the drug, and numbness in the roof of my mouth and extremities persisted for quite awhile after I initially fled the smoking room, probably at least 30 to 60 minutes. For the next hour or two after that, my muscles would occasionally convulse as they continued to 'awaken,' though I did not find this painful. It was rather nice to not be feeling the usual chronic pain in my back and hips. After lying in bed for 15 to 30 minutes, I got up and did a little bit of slow, cautious yoga, hoping to align my muscles and bones the best I could before they 'remembered' their usual cramped positions.

After crawling back into bed, I lay wide-awake, eyes open, for what may have been several hours, even after J curled up next to me and went to sleep. During that period, I wanted to take in as much of waking reality as possible, and was not eager to lose control of my consciousness to sleep. When I eventually did find myself drifting off, I was jarred awake several times by the sensation that I was slipping back into the drug-state again, fully re-experiencing the conversation and sensations of that eternal moment as if I had never left it. Eventually, I did manage to get a little bit of real sleep.

It is worth noting that I felt no nausea at all, through any of it. I have found that with almost any drug, I am better off if I consume a reasonably sized meal about 2 to 4 hours before dosing. This seems to settle

my stomach quite effectively. I understand that many other people have the opposite reaction with this and other drugs, finding that eating first just gives their churning stomachs something to spew. This may be connected to my hypoglycemia, meaning that preventing a blood sugar spike or drop may be the key for me in keeping my stomach happy.

In the next couple of nights, I found myself briefly slipping back into the drug state for brief periods while dreaming, without being jarred awake. This has been a much more pleasant experience than the previous terror of being trapped in that moment forever. I awoken feeling good about it, though I don't recall much of the dream clearly in normal, waking consciousness. I have also occasionally felt on the verge of re-entering that state while awake, simply by concentrating on remembering the sensation of it. I believe that with much effort and practice, I could bring myself there at will. The questions are whether I really want to go there, and if so, what would I do with it?

Post-analysis:

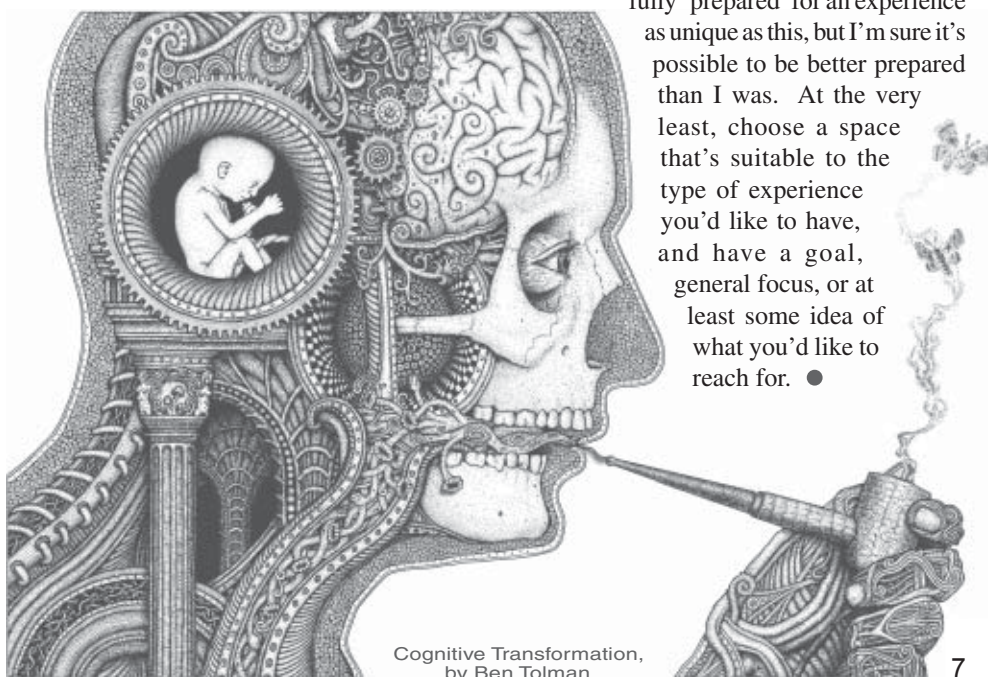
NOT A RECREATIONAL DRUG. If you're looking for a light-hearted experience with pretty colors and fun, I can't recommend this stuff. The experience was intense beyond imagining, and probably worthwhile, but not what I'd call fun. On the other hand, I am a person who tends to have difficulty simply enjoying the experience of a hallucinogen without feeling the need to use the opportunity to deal with important issues (which is one reason why I really should not be taking them at parties), so take this with a grain of salt. Then again, I've never had what

I would call a 'bad' trip because I see every trip as a learning experience and an analytical tool rather than a qualitatively good or bad experience. However you look at it, I'll be dealing with this experience for quite some time, likely for the rest of my life. Not a thing to be taken lightly.

One of my first thoughts, as life crept back in, was that this experience had made clear to me that decades of meditation and mental conditioning to achieve a state like that would have been worth it to get there in a gentler, more organic way. I resort to chemical methods to achieve 'higher' mind states in part because I am lazy and impatient and feel that I lack the discipline to get there on my own. However, as previous trips with other substances have hinted, the chemical way is actually the hard way.

At the very least, I think I'd have an easier time of it if I were in good physical condition before undergoing something like this. Good circulation and healthy organs would likely enhance the experience itself as well as improve the recovery. Having a more positive general outlook, as well as more experience in consciously shifting mind states would most likely be helpful as well. And I'm sure it wouldn't hurt to have my chakras all aligned and spinning properly going in. All of these things would certainly be improved with regular exercise, meditation, and yoga. I'd want to prepare the physical space better too, which for me would mean some sort of ritual cleansing, and surrounding myself with the right scenery (mandalas, ritual objects) and sounds (gentle, ambient music or chanting) to help me keep a particular focus.

In short, it may be impossible to ever be fully 'prepared' for an experience as unique as this, but I'm sure it's possible to be better prepared than I was. At the very least, choose a space that's suitable to the type of experience you'd like to have, and have a goal, general focus, or at least some idea of what you'd like to reach for. ●



Cognitive Transformation,
by Ben Tolman

Informed Peers in the Psychoactive Community

The following is an adaptation of a light-hearted presentation given at the Mindstates Jamaica conference in October 2002 about the role of peers in psychoactive information distribution networks. It was also published as an article in Trip magazine's final issue that saw limited distribution.

Introduction

Everyone knows at least one: the walking encyclopedia of trivia about baseball, film or some other miscellaneous topic.

Even those with no connection to the psychoactive research and user communities are likely to be familiar with the stereotype of the uneducated “druggie” blithely stumbling from one drug experience to the next. But the pantheon of characters who spend their time immersed in the intricacies of the interface between body and mind is surprisingly diverse. The lay person can easily fail to recognize the “druggie” in that pharmacology or chemistry student intimately familiar with serotonin-transporter research, or in the talented photographer next door, or perhaps in the exceptionally green-thumbed forensic pathologist.

Character Sketch

“Drug Geeks” are individuals who self-identify (either publicly or privately) as being knowledgeable about psychoactives. Their deep interest in the topic makes them avid learners. When sitting around talking with friends, they get up to find an answer to a question. They do a web search or look up information in a book. More than that, they are the ones with the reference books to begin with. Within any group of friends, they are the individuals whom others go to for questions about psychoactive drugs. They attend psychoactive-related conferences, meticulously document their own experiences in a journal, read scientific articles, subscribe to psychedelic magazines to keep up with the latest knowledge, or browse trip reports “for fun”.

Drug Geeks don't necessarily use a lot of psychoactives themselves. Many fulfill their interest by studying the subject, writing about it, or experiencing it vicariously through the writings of others. Others enjoy working with extremely mild herbs, supplements, and technologies and prefer to avoid the stronger alterants. For some people, these can provide a more consistent long-term relationship with psychoactives since they don't require as much energy and time as buying and ingesting the more socially disapproved plants or chemicals.

The self-taught expert is present in every field of study, within every hobby and every community. One of the differentiating factors when it comes to psychoactives is the danger (legally, socially and professionally) inherent in demonstrating this knowledge and expertise to those outside of the subculture. This adds a mystery school component to the system, creating secret experts; by day a normal college student—by night the leading expert in the Midwest on undetectable dorm room cultivation of psilocybin-containing mushrooms.

The Collector

One of the drug geek sub-types is the Collector. This is the individual who collects samples of as many different psychoactives as possible. They may not care if they have enough for a dose and they may not have any particular interest in ingesting the substances they collect (they often don't). Their primary interest is in having a reference sample for their collection.

The first time we encountered this type, a man offered to show us what he called his “baseball card collection”. From the context of the conversation, it was clear he was talking about psychoactives, but beyond that we had no idea what he meant. He brought out a small box filled with dozens of carefully labeled plastic bags, vials, and neatly folded bits of tinfoil. He opened each item, one by one, to show us the small pile of powder, pills, paper, or material inside. His collection included a wide array of

tryptamines, phenethylamines, and curious plant extracts, many of which we had never seen before.

He described when and how he had acquired each, some more than 10 years before. He waxed nostalgic about the experiences he'd had when ingesting a particular material or about the person from whom he had acquired it. Many of the items had stories about their provenance: the chemist who made them and how they got from the chemist to him. He also had empty containers that contained residue of substances from some of his most memorable experiences. He would smell them and offer whiffs to us as he related their stories.

Since that first encounter more than five years ago, we've met many other Collectors. Some specialize in one class of substance, like the person who sent us a photo of his ecstasy tablet collection including dozens of imprints, or the many who collect LSD blotter art, both dipped and un-dipped.

Another Collector we've encountered has gathered all of the psychoactive chemicals he can find and plans to take a dose of each one and encase it in plastic, creating a collection of desktop paperweights which he thinks—even with scheduled drugs—might be quasi-legal.

The Taster

While the Collector collects objects, the Taster collects experiences. Tasters are people who want to have tried everything. They pride themselves on trying as many substances as possible, seeking out and being the first to experience new substances, as well as trying uncommon and interesting combinations. Often the Tasters don't ingest any given substance very many times and have no intention of doing so. Instead, they are connoisseurs of variety.

It is not unusual for the Taster's excitement to be higher near the beginning of his or her relationship with psychoactives, and so many Tasters are younger with less years of experience under their belts. But some go on

to long careers of methodically finding and trying new substances.

Some Tasters spend their time comparing and contrasting the similarities and subtle differences between the substance they've tried—MDA vs. MDMA or 2C-I vs. 2C-B—while others simply check each substance off their long list after trying it. But, regardless of whether they are lusting after the elusive mescaline, 4-methyl-aminorex, or the almost mythical ALD-52, what unites Tasters is their desire to try new substances.

The Daredevil

The Daredevil shares some characteristics with the Taster, but this type wants to push the limits of experience (and often of safety) by doing higher doses and having more mind-bending experiences than others. Some Daredevils don't qualify as Drug Geeks at all and are simply thrill seekers, but there are those Daredevils who are actually looking to accumulate knowledge—part of the definition of a Drug Geek—by their willingness to push the boundaries ever further. This type should not be confused with the Hard Head (who requires higher doses than others to reach comparable effects), although they do sometimes overlap.

Plant Geeks

Plant Geeks are those who focus their attention on the plant kingdom. Some grow a wide variety of psychoactive plants, while others specialize in a particular genus or in those containing a specific substance. Plants may be chosen because of their academic, historical, cultural, or metaphysical significance, and again, may not be intended for ingestion. An earlier interest in ingesting psychoactives may have been transmuted into a longer-term interest in the botany, chemistry, and spirit of the plants. The relationship between humans and power plants or plant allies is important to many Plant Geeks.

We visited one Plant Geek while we were in a semi-tropical area outside the

U.S. They showed us around their extensive outdoor garden, which included kava kava, *Banisteriopsis caapi*, *Brugmansia*, and a variety of other psychoactive plants. We were shown through their greenhouse, where they allowed us to photograph every plant but one. We were asked not to take pictures of that specific plant because they had a very special relationship with it which they did not want to endanger.

Another Plant Geek we met had their entire property overgrown with *Salvia divinorum*. Hallways and sidewalks were lined with *S. divinorum* of all sizes, from the smallest cutting (“please take a couple!”) to 9-foot tall flowering specimens that they were carefully hand-pollinating. Another had a cactus collection spread across several properties. New spots were carefully chosen for cuttings and friends were enlisted to help dig, carry, and move them from one location to another.

And then there's the world of Plant Geeks that focuses entirely on mushrooms and mushroom cultivation. From local mycology clubs that have substantial numbers of psilocybe-philers to the huge network of amateur and professional mycologists focusing on psychoactive varieties, the mushroom Plant Geek is a surprisingly common breed. One may focus on perfecting a specific technique for closet cultivation while another combs the local forests to find all the best spots where mushrooms grow in the wild. One Plant Geek we've met specializes in developing techniques for outdoor guerrilla planting of *Psilocybe* species to spots he never plans to harvest: it's just his own private protest and gift to the world.

It may be surprising that many of these people rarely (if ever) ingest any psychoactive plants themselves. They are often hesitant or unwilling to initiate anyone new, and have no interest in selling anything. One myco-geek we met enjoys the process of growing for its own sake: he figures out how to cultivate new psilocybin-producing species, gets them to fruit, writes up his notes, buries the fruit, then starts again with a new species.

Chemistry Geek

One of the more prominent geek types is the Chemistry Geek. Everyone involved in studying psychoactives for long will eventually meet one. They range from the undergrad who dreams of mastering LSD synthesis to the professional PhD with 40 years of bench experience. They can often be identified by the bits of paper in their pockets covered with arachnoid scribbles of new molecules, analytical results, or synthesis steps.

While at Burning Man 2001, we were asked by a visitor if we could show them the structure of 4-methyl-aminorex. We were unable to find the structure in our small on-playa library and also failed to find anyone else familiar with it. This failure came up in conversation at Burning Man 2002 as we sat talking to a friendly chemist-type who stopped by our dome. He knew the 4-methyl-aminorex structure and drew it on the white board we kept strapped to the wall, then went on his way. A different chemist, who stopped by the dome later that day, recognized the molecule (despite it not being labeled) and commented that he'd been thinking about the 4-methyl-aminorex synthesis process for a while but was still missing one part. He spent 15 minutes carefully drawing a series of steps for a potential synthesis path, leaving a large space in the middle marked with a question mark. Another day passed and a third chemist dropped in, pausing in front of the whiteboard. Noting the missing step, he commented “oh that step is easy”, erased the question mark and replaced it with another drawing of some benzene ring and squiggly lines and letters. Soon afterwards the chemist who had drawn the original synthesis returned to find his drawing completed. He got very excited and happily exclaimed “Yes, yes! I think that would probably work!”

For those of us who have only a passing familiarity with organic chemistry or those for whom “the tryptamine backbone” is a meaningless phrase, the cryptic language of the Chemistry Geek is something to be experienced aesthetically. It seems a mix

of technology and magic, somehow both modern and medieval in its translation from flask to writing and back again. There is something smile-inducing about watching Sasha Shulgin wave his arms as he talks about the “dirty pictures” of organic chemistry or listening to experienced chemists as they chatter at high speed in an alchemical dialect known only to themselves.

The Chemistry Geek is perhaps one of the most heralded of the drug geeks, both within the subculture and in the mainstream. There are PhD programs and a large pharmaceutical industry that spur them on to new heights. It's one of the few drug geek subtypes that can reliably lead to a well paid career, although most Chemistry Geeks must keep their less-approved interests very quiet lest they attract unwanted attention and scrutiny.

Fire and I certainly qualify as Photo Geeks. My first thought when someone talks about a substance they've tried or a plant they're growing is to self-consciously wonder how rude it would be to ask if we could take a picture of it. “Where's the camera?” runs through my mind along with “I wonder if the scanner is in the car...”

At an outdoor all-night dance party a few years ago, a cute young female came up to us and asked us if we wanted any E. As a part of our process of watching and documenting the psychoactive-using subculture, we asked if she was selling any other substances. She replied that she also had 2C-B. I told her “We're not interested in buying any, but how would you feel if we took some pictures of what you've got?” She was initially a little put off by our request, but she

corner photographing their nice individually labeled 22.5 mg vials of 2C-B.

And Many More...

These are only some of the more common varieties of specialist Drug Geeks. Perhaps the most common Drug Geek is the Generalist who is at heart interested in how psychoactives are (mis)used and (mis)understood by society, and who enjoys discovering and promulgating factual information. The Supplement Geek knows just the right combination of vitamins, minerals or nutraceuticals to pre-load for trips, improve effects, soften the come-down, recharge the day after, or rebalance the system. The Law Geek reads every related court opinion, monitors ongoing cases, knows the flaws and vagaries of every psychoactive related law, and stays abreast of the minutiae of Federal Register filings by the DEA. The Music Geek collects traditional music like icaros and songs from the ayahuasca churches, tracks which music is best to accompany each type of experience, or writes their own to fill in where lacking. The History Geek knows the origins of specific substances, which plants were traditionally used by which culture, who first synthesized psilocybin and in what year, when mescaline was scheduled, and what government organization was in charge of drug laws at the time. The Art Geek keeps their finger on the pulse of psychoactive art: who keeps the best collections, where there are current showings, whose art has been used on LSD blotter. And the list goes on and on.

Regardless of the subject matter, specialists such as those described above serve an important purpose. Without attention from aficionados who focus intensely on the unique and obscure details of a given field of knowledge, that knowledge stagnates. It often seems to be the large corporations, institutions, and big dollars that drive the advancement of knowledge, but behind these are key individuals with a keen interest in learning, teaching, archiving, or documenting. Whether they work in a field where they are well paid, or one where they volunteer, it is these information geeks that push the boundaries of knowledge and understanding. ●



Photos (clockwise from upper left):
1) 250 mg MDMA crystals in baggie, photo by Mr Mojo Rising;
2) 22.5 mg 2C-B in vial, photo by Erowid
3) Four codeine tablets, photo by Tsyn
4) *Datura innoxia*, photo by Rol

Photo Geek

There are also those who prefer photographs of psychoactive plants and chemicals to the substances themselves. Like mainstream mycological photographers we've met who don't particularly care for eating mushrooms, there are those who spend their time and energy seeking plants with psychoactive properties to capture as images. One of the benefits of this flavor of obsession is that it avoids some of the potential legal risks incurred by the geek types that like to handle, collect, or produce controlled substances.

called over her boyfriend to consult. We got into a long conversation about their strange underground business of supplying psychoactives at parties, about the ethics of selling, and about their belief that their work helped strengthen the community. After talking, he was happy to let us take pictures of his wares, so we then spent thirty minutes in a

IS PAST SUBSTANCE USE ILLEGAL?

by Fire Erowid

Q Is it against the law to have used an illegal controlled substance in the past?

A In general, past use of an illegal drug is unlikely to lead to legal proceedings. It is legally the same as having committed any other minor criminal act: The more recent the use, the more evidence there is for the act, the more problematic it becomes.

The following should not be taken as legal advice. If you need legal help, please seek the advice of a lawyer.

Overview

People primarily ask about the legal risks of past use because they want to be able to talk or write about their experiences. When describing past illegal acts, mentioning specifics about timing and location increases risk of prosecution. If the statute of limitations has not run out, it is possible that a judge could grant a search warrant—or in extreme cases, an arrest warrant—based on specific details of past use. In some areas, a positive drug test is treated as evidence of a crime.

Statute of Limitations

The statute of limitations on controlled substance violations differs dramatically from one jurisdiction to another. In many areas prosecution is limited to five (or seven) years after the crime is committed. Others start the clock counting only when police have evidence of the crime in hand. And in a small but growing number of locations, there is no statutory limit on prosecution of drug offenses.

Violations that have happened within the statute-limited period can be prosecuted if there is enough evidence. Simply talking about past use, by itself, is very unlikely to be considered proof of a crime, which means the authorities would need to have additional evidence to prove their case (or even get an arrest warrant). It is important to note, however, that out-of-court documented admissions of law violations can be strong evidence if a trial does take place.

Possession

In most states, “possession” of a controlled substance is illegal but “use” of the substance

is not. Because of this, in these jurisdictions, there would need to be evidence of past possession before charges could be brought. This evidence could exist in the form of photographs, video, or the testimony of others, but even these might not lead to prosecution if the quantities were small and sales were not involved. As long as the individual is no longer in possession of illegal materials, past possession of small quantities of an illegal substance is unlikely to ever be prosecuted.

Ingestion

In some places, local or state laws have been passed making *use* of a controlled substance illegal. This can take the form of specific legislation against “ingestion” or “use” (usually as a misdemeanor) or by redefining the term “possession” to include the presence of a controlled substance in the body after it has been ingested. In at least one jurisdiction, a positive drug test can be grounds for prosecution.

A recent case in South Dakota (*S. Dakota v. Schroeder*) has received some press because a man who tested positive for amphetamines was prosecuted for “possession” of an illegal substance based solely on a positive drug test.¹ A man was pulled over by police who searched his car. After the police found a scale under the driver’s seat the defendant consented to a urine test, which came back positive for methamphetamine. Based on this evidence alone, the defendant was convicted of possession of a controlled substance.²

He and his lawyers argued that he should be charged under South Dakota’s “ingestion” laws which make it a misdemeanor to take a substance into the body for the purpose of intoxication (with the exceptions of alcohol and prescribed medications).

“Any person who intentionally ingests, inhales, or otherwise takes into the body any substance, except alcoholic beverages [...] for purposes of becoming intoxicated, unless such substance is prescribed by a practitioner of the medical arts [...], is guilty of a Class 1 misdemeanor.”³

Instead, he was prosecuted under the felony “possession” laws. The case made its way to the South Dakota Supreme Court

in February 2004 where his conviction was upheld. That court decided that a recent change to the wording of the state’s controlled substance laws made it clear that the legislature intended a positive drug test to be prosecutable under the “possession” laws. The new wording includes in the definition of a controlled substance:

“an altered state of a drug or substance listed in Schedules I through IV absorbed into the human body.”²

With this rewording South Dakota has made the presence of both controlled substances and metabolites of controlled substances in the human body the equivalent of possession of a controlled substance. The only evidence needed is a positive drug test.

The Schroeder case, though unusual, is an example where recent past use was prosecuted as a crime. It is now possible for drug tests conducted on hair to detect use of some controlled substances from more than 3 months prior; with the improvement in drug testing techniques, this period will continue to lengthen. In jurisdictions with laws similar to South Dakota, it is *possible* that a positive drug test from three or four years ago could be used as the primary evidence for charges of either illegal use or illegal possession as long as the statute of limitations has not expired.

Other Issues

Suggestion or evidence of past illegal substance use could pose a problem even if there is not enough evidence to support criminal charges. A few scenarios where this could be an issue are: in a fight for custody of children, if a parent’s past use is brought to the attention of child protective services, and in the workplace, where the mere suggestion of drug use could lead to the loss of one’s job or professional license. ●

References

1. “South Dakota ‘Internal Possession’ Drug Law Upheld.” *Drug War Chronicle*. Dec 19, 2003. Issue 316. <http://stopthedrugwar.org/chronicle/326/southdakota.shtml>
2. *State of South Dakota v. Joshua Schroeder*, 674 N.W.2d 827, 2004 SD 21. Feb 18 2004.
3. SDCL § 22-42-15. South Dakota Codified Laws. Jul 1 2003.



A Survey of *Salvia divinorum* Users

In 2002, Bryan Roth and colleagues published their unexpected discovery that salvinorin A, the primary psychoactive chemical in *Salvia divinorum* (SD), appears to work through activating the kappa-opioid receptor system. Previously, it had only been known that SD's mechanism of action differed from the classic hallucinogens, although its pharmacology was unknown. The Roth paper transformed the plant from an obscure and puzzling entheogen into a tool for pharmacological research. This tool shows promise in providing new insights into the working of the brain, drug dependence, Alzheimer's disease, psychosis, and the obscure kappa-opioid receptor system.^{1,2}

According to this research, salvinorin A binds to and activates kappa-opioid receptors but does not activate the mu-opioid receptor that morphine acts on. Roth *et al.* confirmed previous research in finding that salvinorin A has "no detectable affinity for the 5-HT_{2A} serotonin receptor and [does] not activate 5-HT_{2A} receptors"¹ (where LSD and psilocybin are known to act). The kappa-opioid receptor has been of interest because pharmaceuticals that activate this

receptor block pain, yet rats don't self administer them—unlike the mu-opioid agonists (morphine, hydrocodone, etc.).³

These findings suggest that kappa-opioid agonists are less addictive and have a "lower potential for abuse" than mu-opioid agonists. But a major problem is that human research volunteers given kappa-opioid agonist drugs have found the effects disturbing and unpleasant, including strange racing thoughts and other "neuropsychiatric adverse events".⁴ One research group has used the term "psychotomimetic" to describe their effects.⁵

Because users of *Salvia divinorum* are likely to tolerate and possibly even enjoy high doses of SD's kappa agonist, studying its use in humans could provide access to a wealth of untapped information about the kappa-opioid receptor system. It is also important that we learn about SD's effects on humans because there is currently a population using it, and yet very little is known about toxicity and possible physical health risks. The need to better understand SD's potential health risks as well as the function of the kappa-opioid system makes a compelling case for studying SD in humans.

Soon after the Roth work was announced, John Mendelson (a senior researcher with extensive experience in the field of psychoactive drug research) and I sought funding from the National Institutes of Health (NIH) to study *Salvia divinorum* and its

active compound salvinorin A. Our work—formerly at the University of California at San Francisco and now in a newly-forming research center—has focused on administering psychoactives to drug-experienced volunteers. The goal has been to understand the relationship between how

the compounds are absorbed, metabolized, and excreted from the body and the effects those compounds produce. We applied for funding and approval to study those who were already using SD, hoping to shed some light on how salvinorin A acts in the human body and to formally characterize its effects.

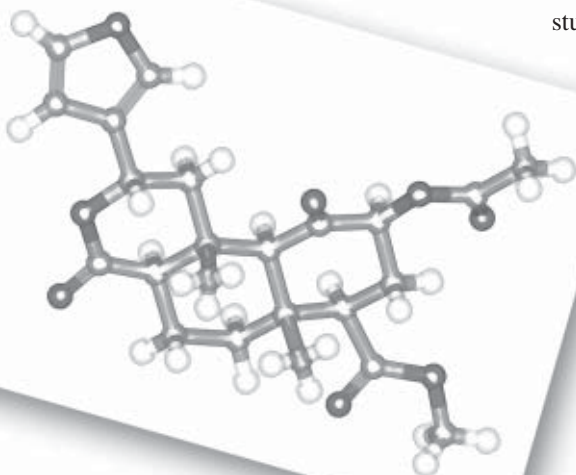
Very little has been published in the medical and research literature about SD use. In order to develop preliminary data, we collaborated with Erowid.org to survey users of SD. One goal for this preliminary data was

"...the primary focus of the survey: consequences of using the plant, lasting effects, and patterns of use."

to help gather evidence (both for ourselves as well as the FDA and NIH reviewers) that salvinorin A could be safely administered to a small set of experienced users in a lab setting. This provided the primary focus of the survey: consequence of use, lasting effects, and usage patterns.

After approval by our Institutional Review Board (a requirement for any research or survey involving humans), we decided on a 45-question web-based questionnaire with a target of 500 anonymous respondents. Questions were mostly multiple-choice and numerical-answer with a few open-ended responses. Links were added from SD-related pages on Erowid.org to the Erowid-hosted survey. A summary of both the privacy policy and contact information for the researchers was provided and no identifying personal information was collected.

We have presented the preliminary analysis of these data at several scientific conferences including the April 2004 "Towards a Science of Consciousness" conference in Tucson, AZ. What follows is a summary of the presentation.



by Matthew Baggott

with E. & F. Erwid

RESULTS

We were pleased and surprised when we reached our target of 500 complete responses within a matter of weeks. In that time, the study questionnaire was viewed 1298 times, with 520 viewers (40.1%) submitting a completed questionnaire. 500 of 520 (96.2%) responses were usable. Data were excluded from analysis if (1) the response was incomplete, (2) the participant reported having previously completed the survey, (3) the participant reported he or she was not fluent in English or had difficulty understanding the questions, (4) another response was submitted from the same computer within ten minutes, or (5) the participant reported no use of SD.

92.6% of respondents were male. It is not clear whether this is representative of SD users or simply those who were willing to participate in our survey. Average age was 23.4 years old (range of 13–68) and 77.4% live in the United States. 80.6% reported they would probably or definitely use SD again.

Usage Patterns and Motivations:

Most respondents (92.6%) typically smoked or vaporized SD product. Those who

Reported Number of <i>Salvia divinorum</i> Exposures			
	Mean	St. Dev	Range
In last 30 days	1.5	2.6	0-24
In last year	7.5	12	0-110
Ever	13	23	1-250

smoked SD most often used a concentrated extract (61.4%) or dried leaf (37.3%). 4.2% had ever used purified salvinorin A, the main psychoactive constituent in *Salvia divinorum*. SD was often used in darkness (62.2%), with music (44.6%), or with a sober companion (38.6%). Commonly expressed (>50%) reasons for SD use were to explore altered consciousness (86.2%), curiosity (76.6%), to have a spiritual/mystical experience (74.0%), pursuit of personal growth/self-understanding (69.2%), and contemplation/meditation (52.0%).

Nature of Effects:

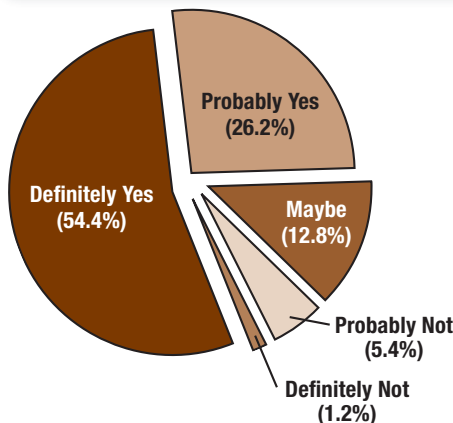
Because early research with LSD and other psychoactives has shown that people's memory for overwhelming altered states is often very poor, we did not focus on trying to document the acute inebriation. Instead, we

Effects Lingering After Main Intoxication:

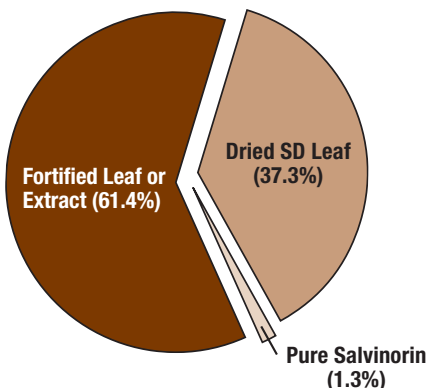
Effect	%*
Increased Insight	47.0
Improved Mood	44.8
Calmness	42.2
Increased Connection with Universe or Nature	39.8
Weird Thoughts	36.4
Things Seem Unreal	32.4
Floating Feeling	32.0
Increased Sweating	28.2
Body Felt Warm or Hot	25.2
Mind Racing	23.2
Lightheaded	22.2
Increased Self-confidence	21.6
Improved Concentration	19.4
Drowsiness	18.8
Dizziness	18.6
Lack of Coordination	18.0
Feel Like Someone or Something Else	14.0
Heart Racing	13.2
Bothered by Noises	12.2
Difficulty Concentrating	12.0
Yawning	11.8
Anxiety	9.4
Difficulty Sleeping	7.8
Chills or Gooseflesh	7.0
Increased Urine Production	6.4
Body Felt Cold	6.4
Watery Eyes	5.4
Decreased Connection with Universe or Nature	5.4
Irritable	5.0
Worsened Mood	4.0
Decreased Self-confidence	2.4
Nausea	1.8
Runny Nose or Sneezing	1.8
Muscle Cramps or Aches	1.8
Decreased Insight	1.8
Decreased Sweating	1.6
Decreased Urine Production	0.6
Diarrhea	0.2
Vomiting	0.0

* % of respondents reporting they "sometimes or often" experienced the listed effect.

Would you use *Salvia divinorum* again?



What form have you smoked most often?



asked volunteers to compare SD's effects to those of other methods of altering consciousness. We searched through responses and found several commonalities:

Comparison of SD to other Methods of Altering Consciousness	
Effect Comparison	%*
reported SD is unique	38.4
reported SD is like meditation/yoga/trances	23.2
reported SD is like serotonergic hallucinogens (e.g. LSD)	17.7
reported SD is like dreaming	7.1
reported SD is like NMDA antagonists (e.g. ketamine) and other anesthetics	6.8
reported SD is like cannabis	6.5
* Each response could fit more than one category thus total does not equal 100%	

Our survey confirms that most users regard the SD experience as very different from most other inebriants. This is perhaps unsurprising considering the mechanism by which SD acts is unlike those of cannabis or classical serotonergic hallucinogens like LSD. This finding suggests that SD cannot be considered an analog of either hallucinogens or cannabis (as some would have it). If SD is to be made a controlled substance then it will have to be explicitly scheduled.

Duration of Effects:

Estimated duration of effects for smoked or vaporized SD is summarized in the chart shown below. There were insufficient respondents who took SD sublingually (under the tongue) to draw any conclusions about that method.

Estimated Duration of Effects When Smoked or Vaporized (min):				
Form	Mean	Std Dev	Min	Max
SD extract (N = 296)	14.1	12.8	0.5	120
SD leaf (N = 180)	16.2	14.8	1	90
Salvinorin A (N = 6)	27.5	16.1	13	50

Persisting Effects:

Many respondents (25.8%) reported improved mood and "antidepressant-like effects" lasting 24 hours or more after use. This is consistent with (or possibly influenced by) a case report published by Karl Hanes.⁶

In contrast, serious adverse events were rare in this young population. Only 4.4% reported persisting (24 hours or more) negative effects (most often anxiety) on at least one occasion. Three respondents (0.6%) had sought professional help for an SD-related problem on at least one occasion. One went to a priest to discuss Catholicism, while a second visited a therapist. The single respondent who reported seeking emergency treatment had used multiple substances (dimethyltryptamine, dextromethorphan, SD, methamphetamine, diphenhydramine, "etc.") and described what might have been stimulant psychosis. While few serious adverse events were reported by our participants, it is important to realize that the toxicity of new drugs is often only detected as use spreads to greater numbers of people.

Dependence-Related Phenomena:

SD dependence has not been previously reported, although animal studies suggest kappa agonists can induce a withdrawal syndrome comparable to mu agonists.⁷ We found little evidence of dependence in our survey population. While some reported possible dependence, there were too few of these individuals to interpret their reports with any confidence. 0.6% of respondents reported feeling addicted to or dependent upon SD at some point, while 1.2% reported strong cravings. The standard psychiatric diagnostic system in the United States classifies people as drug dependent based on seven signs and symptoms. When we asked about these signs and symptoms individually, 0.4% reported experiencing three, which could qualify them as dependent (of course a clinical interview would be necessary to confirm this). Interestingly, none of these individuals reported more than 2 of 13 after-effects characteristic of mu-opioid withdrawal (such as increased sweating, gooseflesh, worsened mood, diarrhea, etc.).

Future of Control

Salvia divinorum has been marketed over the web and in smoke shops as a legal intoxicant. Newspaper and television reports have noted that the DEA is tracking the spread of SD use. This raises the question of if, when, and how SD will be made a controlled substance. Overall, salvinorin A seems to be unlike other drugs of abuse and, at least in the individuals responding to our survey, appears to have a low potential for abuse and dependence. Few, if any, seem to

consider it a party or club drug. However, it does have potent effects and there is a risk that inebriated users may injure themselves or others.

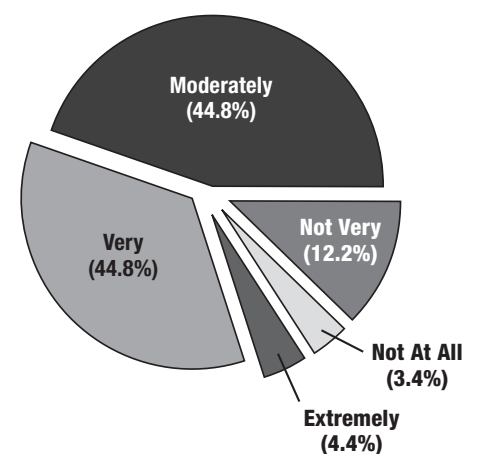
Two scenarios for the scheduling of SD seem plausible. One is that the DEA will wait until several emergency room visits are documented. It seems inevitable that such SD-related visits will occur.

"serious adverse events were rare [...] We found little evidence of dependence in our survey population."

Several anecdotal reports describe inebriated individuals walking around in a confused delirium. A second scenario is that SD will be scheduled by Congress, which tends to be more political in its attitudes toward psychoactive substances. It also seems possible that SD will be swept up in an eventual bill targeted at curtailing internet sales of drugs such as pain killers.

Although our first NIH grant application was not funded, we received supportive comments from reviewers and are preparing to resubmit the application. In the interim, we have obtained FDA permission to administer salvinorin A to human volunteers. We hope that the data provided by the participants in this survey will not only inform users and the general public about *Salvia divinorum* but will also convince reviewers of the importance of clinical studies of this unusual plant. ●

How intense of an SD experience do you prefer?





Matthew Baggott is currently a student in the Neuroscience PhD program at the University of California Berkeley. He has authored a number of scientific articles and book chapters, many of them about MDMA. Baggott has collaborated for years with John Mendelson in clinical psychopharmacology research.

References

1. Roth BL, Baner K, *et al.* "Salvinorin A: a potent naturally occurring non-nitrogenous kappa opioid selective agonist". *Proc Natl Acad Sci.* 2002; 99(18):11934-9.
2. Sheffler DJ, Roth BL. "Salvinorin A: the 'magic mint' hallucinogen finds a molecular target in the kappa opioid receptor". *Trends Pharmacol Sci.* 2003; 24(3):107-9.
3. Tang AH, Collins RJ. "Behavioral effects of a novel kappa opioid analgesic, U-50488, in rats and rhesus monkeys". *Psychopharmacology (Berl).* 1985; 85(3):309-14.
4. Pande AC, Pyke RE, *et al.* "Analgesic efficacy of enadoline versus placebo or morphine in postsurgical pain". *Clin Neuropharmacol.* 1996; 19(5):451-6.
5. Pfeiffer A, Brantl V, *et al.* "Psychotomimesis mediated by kappa opiate receptors". *Science.* Aug 1986; 233(4765):774-6.
6. Hanes, K. "Antidepressant effects of the herb *Salvia divinorum*". *J Clin Psychopharmacol.* 2001; 21:634-5.
7. Young GA, Khazan N. "Self-administration of ketocyclazocine and ethylketocyclazocine by the rat." *Pharmacol Biochem Behav.* 1983; 19(4):711-3.

Addendum

In Issue #4 of *Erowid Extracts* we published an article titled "Desiccant and the Storage of Chemicals". The article described different types of desiccants including silica gel, which often comes in small enclosed packets.

In the section about re-activating silica gel desiccants by heating them in the oven at low heat, we mentioned that these packets can also be re-activated this way.

It has come to our attention that the outside of silica gel desiccant packs are sometimes made of plastic. While packs enclosed in Tyvek, cloth, or paper can be re-activated, the plastic-enclosed packs can not. If heated in the oven, even at a relatively low temperature, the plastic outer layer can melt.

Organizational Updates

MAPS (maps.org)

The first two patients in the MAPS-sponsored MDMA/post-traumatic stress disorder (PTSD) study were administered either MDMA or placebo in April 2004. There have been no safety issues and more patients are scheduled to begin soon. Plans are underway for several other research projects, including one examining LSD and psilocybin as treatments for cluster headaches.

SSDP (ssdp.org)

On April 13, 2004 Students for a Sensible Drug Policy held a HEA Day of Action to raise awareness about the Higher Education Act 1998 drug provision, which denies federal funds to students with past drug convictions. SSDP and NORML members at college campuses around the country set up info booths and made phone calls to state legislative offices as part of a national "phone slam" to encourage representatives to sign on to H.R. 685, a bill to repeal the act.

Explore Spirit (explorespirit.org)

This is the new name of the organization that sponsors the Altered States and the Spiritual Awakening conferences in San Francisco. Their second conference was held in May 2004.

Lycaenum (lycaenum.org)

The Lycaenum website was down for nearly six weeks early in 2004, prompting some concern about the project. Their web forums are still active though the rest of the site hasn't seen much activity.

TRIP Magazine (tripzine.com)

After 10 issues, *Trip* magazine is closing the doors on its print publication. They printed only a limited number of their final issue, which is already sold out. Tripzine.com continues to publish new online-only content.

CACLE (cognitiveliberty.org)

The CACLE has kicked off two new projects recently. The first is the newly launched "Judging Prohibition", a database of published legal opinions in which U.S. judges have spoken out against the injustices caused by national drug prohibition policies. In addition, the CACLE has begun a campaign against the actions of school administrators intimidating parents into putting their kids on Ritalin in order to attend school.

DanceSafe (dancesafe.org)

DanceSafe has a new executive director, Marc Brandl, formerly of the Libertarian Party national office. They have also added a new Atlanta-based chapter to their roster.

Flex Your Rights (flexyourrights.org)

Flex Your Rights works to teach individuals how to protect their civil liberties during police encounters. In light of legislative efforts and recent Supreme Court decisions that have expanded police power, Flex Your Rights has developed instructional videos to demonstrate how to effectively assert one's constitutional rights.

An Experience with 3C-P, Alcohol, 2C-T-2 and *Psilocybe cubensis*

by FlowGnome

I hesitated to report this experience at first, as it was a mistake caused by my lack of attention to exactly what I had been doing all day. For me it was both a very interesting and strong trip, approaching what I've read from many ayahuasca reports, as well as a cautionary tale.

Last year, I had acquired a small amount of 3,5-dimethoxy-4-propyloxyamphetamine (3C-P). This chemical was not listed in *PiHKAL*, or any other literature I could find for that matter. After discussing it with a psychedelics forum I frequent, I decided to do a run up on it starting at 200 µg or so in order to determine activity. I had made it up to an 8 mg dose on the day this report took place. I took it up to 20 mg or so before running out of material and losing

“At some point, I became aware that whatever was happening to me, it was the chance to become one with eternity, and become a god. [...] Of course, in order to do this I would have to remove my clothes.”

interest, at which level it was a +1. Others have since continued workup of this material to higher levels, but I will leave it to those individuals to post their reports as they see fit.

10:00 AM – Woke up and ingested 8 mg of 3C-P. After about an hour I noticed a very slight stimulation and very slight color enhancement, but nothing that I would consider to be a +1 on the Shulgin scale. I proceeded about on my daily tasks, mostly getting ready for a musical festival that was to be held that night.

4:00 PM – The 3C-P had apparently either worn off or the effects were so small in the first place that I had completely become used to them to the point where I had forgotten that I took it. This is what I now refer to as *Mistake #1*. During the next couple of hours I ingested a few beers and listened to the music.

6:00 PM – The 2C-T-2 I had brought with seemed to be appropriate at this point. A crowd had gathered, and I didn't want to drink myself silly. I took 15 mg of 2C-T-2 which generally takes about 45 minutes to an hour to make its effects known to me. This brings us to *Mistake #2*.

6:30 PM – A conversation I was having with someone prompted them to ask me if I was planning on partaking of any substances that night. I told him about the 2C-T-2 I had taken. He had heard of it

before, and was very interested in trying it, so I told him he could have some if he wanted. In return, he gave me a very large mushroom, about 1 g. This was a combination that I had done before, although with about .25 g of mushrooms instead.

7:00 PM – The mushroom and the 2C-T-2 begin kicking in at the same time. This is when some pathway in my brain decided to reconnect itself, and remind me that I had also eaten 3C-P this morning. I didn't think it would be much of a problem, as all doses were fairly small. This was *Mistake #3*.

7:30 PM – Visuals had already progressed to the point where I couldn't see very much, if at all, in low light. Had I known what was going to happen next, I would have found some Xanax and a quiet room to lock myself in as soon as possible. I had

just enough time to warn the people that I had come with about what I had done. I informed them that I was in no medical danger, but there was going to be quite a bit of a chance of me losing it in weird and interesting ways.

Time stops here.

At some point, I became aware that whatever was happening to me, it was the chance to become one with eternity, and become a god. In order to do this, as would be revealed to me in increments, I would first have to experience the eternal struggle and balance of all opposites. Of course, in order to do this I would have to remove my clothes. I have added the story of what was really going on as pieced together from the testimonials of many of the fifty or so people that were there who have taken the time to yell 'Hey, you're that naked guy' when they see me on campus, and relate events to me.

What I remember:

During a large period of the night, I relived the best and worst moments of what seemed like every human life dating back hundreds of years. Each moment lasted only, well, a moment, but could be felt and seen clearly. I would cycle between the greatest ecstasy I have felt for just a split second, and suddenly the worst pain or sadness. The intensity on each life was different, relative to what event was experienced.

In one life, I could be doing something such as lying under a tree as a child, watching the clouds, as the good moment. Next I would be suddenly in a freezing trench in an unknown war, horribly wounded and dying. One moment a woman on her wedding night, the next being raped by police officers. Gender was no issue, and although many of the worst moments included death, this was certainly not the most common, or the worst, as those with death involved would end in what seemed like less time.

After going through all of this for what seemed like a very long time, I came to the conclusion that there was a required moment of pain for every moment of ecstasy, although, say, one moment of mild joy would only require a mild sadness to cancel out. It was not all exact opposites, although this was all I was being shown. With this realization, the next phase of the trip started.

I was able to see normal reality again, and realized that I was naked, although not that there was any sort of problem with this, which there really wasn't: the only reason anyone cared about me running around naked was that it was getting really cold out, and I was starting to look a bit pale.

A wonderful girl that I hadn't met before decided that she would help me with this. Nobody could get me to put the pants I brought with back on, so she asked me what I wanted to wear. Apparently I told her that I needed a kilt and bullhorns, but I was brought a skirt and my shirt & jacket instead. She brought me in the house and made me get dressed. I was taught a song to keep singing when I forgot that I required clothes... 'Got to keep your clothes on' with a little tune. I could still sing it right now if I wanted to, even though I don't remember learning it.

In any case, I went outside singing this loudly to the cheers of everyone, who had now focused their attention on my antics almost more than the music. At this point, the idea somehow got into my head that these people were the ones who would someday evolve into gods, and I was gaining the opportunity to join them (in reality it was a large mix of hippies, ravers, and plain old drugheads). In order to join the future godhood, I would be required to absolutely perfect the song I was singing about keeping my clothes on, as well as a dance to go with it, a new artform, etc... is part is fairly foggy and repetitive. At one point the band was playing and just letting me sing.

At some point it became clear to me that although I had all eternity to practice my

song, I would spend the same amount of time I spent perfecting it in hell. Then, suddenly, my visuals almost completely stopped. The faces of the people there returned to normal, and they became recognizable again. I went and sat down, remembering only what was posted above. I still think about this trip, and although several meanings and realizations are obvious from the above, almost none have been in any way applicable to normal life. It was too much information in too little time, at least for my brain.

The story according to others:

After warning them of my impending insanity, my friends kept some sort of eye on me for awhile. After I threw my clothes off, one of them chased me down and tried to get me to put them back on, which I did for a few seconds. As soon as he walked away they went back off again. Eventually everyone realized that I wasn't intent on harming myself or anyone else, and just allowed me to run around naked until it got cold. One of my friends gave me a hug at some point, and my response to him was 'We have achieved god consciousness.' At some

point, I apparently got up on stage and yelled 'I am god, and you're all going to die' into the microphone. Soon after I was crowd-surfing naked. At one point, I ran into the cornfields, probably to urinate. Afterwards, I sat down. Someone came after me, and I was standing there with them, completely naked, when the cops showed up.

They must REALLY have not wanted to deal with me, because they just shone a flashlight on us and walked on. After my clothes made it back on, things went pretty much as above, although I was apparently yelling some weird, random things.

Without the help of about 20 good friends looking after me, as well as friendly strangers, I most likely would have been injured or worse after this night. These experimental psychedelics aren't toys, and even with fairly low doses of everything involved, I was still in a state where I wasn't in control of my actions anymore and things could have gone downhill very fast. It was too intense to get anything useful out of, and certainly wasn't 'fun' in any sense of the word. Use caution. ●

3C-P Information

3C-P is mentioned briefly in *PIHKAL* as the unexplored "amphetamine homologue" of prosceline (#140, or "P"). Very little is known about this substance and it should not be considered safe for human ingestion.

Data Confidence: Very tentative.

Chemical: 3,5-dimethoxy-4-propyloxyamphetamine

Type: Stimulant, possible psychedelic or empathogen.

Prevalence: Exotic / Very Rare

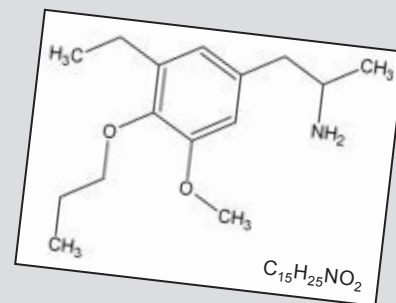
Dosage: Very rough estimates. Threshold 5-10 mg; Medium 10-40 mg; Strong 40+ mg.

Duration: Probably long, 8 - 16 hours.

Safety: Unknown. Humans have survived ingestion of up to 50 mg oral.

Availability: Through research chemical market. Sold semi-publicly in late 2003 through at least one source.

Field Tests: Marquis reagent reacts orange with the 3C-P sold in 2003.



Experiences: We know of a dozen or so reports of human 3C-P ingestion. Various authors, unverified provenance: **8 mg:** "I want to call this a threshold"; **16 mg:** "something like 5 mg of Adderall"; **20 mg:** "overall, the experience was very mild"; **30 mg:** "+3 euphoric period lasting 3 hours-ish and then a +2 psychedelic amphetamine feeling for another 12+ hours... unable to sleep (and kind of tired) is pretty annoying"; **30 mg:** "for me, 30 mg was perfect... [but] I should reiterate that the duration was annoying"; **40 mg:** "an average dose".

Literature Mentions:

Shulgin A, Shulgin A. *PIHKAL: A Chemical Love Story*. Transform Press, 1991.

Trachsel D. "Synthesis of novel (phenylalkyl)amines for the investigation of structure-activity relationships: part 1 mescaline derivatives", *Helvetica Chimica Acta*. 2003; 85(9):3019-26.

Legal Updates

RELATED TO PSYCHOACTIVE ISSUES

BY EROWID

TFMPP De-Scheduled

On March 18, 2004, TFMPP's emergency placement into Schedule I was withdrawn by the DEA. It had been placed under control by emergency ruling, along with 2C-T-7 and BZP, on September 20, 2002. Within 18 months following emergency scheduling, the DEA, in conjunction with the FDA, is required to provide scientific evidence to support a substance's permanent placement into Schedule I. While this evidence was found for 2C-T-7 and BZP, it was not found for TFMPP.

"... under recommendation of the Food and Drug Administration (FDA) and a scientific evaluation of the National Institute on Drug Abuse (NIDA), the DHHS did not recommend control of TFMPP. Accordingly, TFMPP will no longer be controlled under the CSA after March 19, 2004."¹

This makes TFMPP the first material ever to have been emergency scheduled federally and then removed from the CSA rather than permanently scheduled.

2C-T-7 and BZP Update

Also on March 18, 2004, 18 months after they were emergency scheduled, 2C-T-7 and BZP were placed permanently into Schedule I of the Controlled Substance Act. The DEA and FDA agreed that there was enough evidence to support this decision.

The Federal Register entry announcing this move contains an interesting statement:

"As these substances have no legitimate medical use in the U.S., the trafficking in, and use by individuals for the psychoactive effects they produce, is considered abuse."¹

While this is a common assertion on the part of the DEA and law enforcement, it's not often they specifically state that the definition they are working from equates "abuse" with "use for psychoactive effects". "Abuse" of a substance, as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) requires a "maladaptive pattern of substance use manifested by recurrent and

significant adverse consequences related to the repeated use of a substance."²

The Controlled Substance Act as passed by Congress requires that Schedule I substances must be found to have both no medical use AND have a high potential for abuse. The definition of "abuse" as stated in the recent Federal Register entry effectively collapses these two requirements into a single criterion by equating any use of an unapproved substance with abuse.

BZP in New Zealand

BZP is widely available and marketed as a recreational stimulant in New Zealand. New Zealand's Expert Advisory Committee on Drugs (EACD) recently looked at BZP and submitted a report to the Ministry of Health. In their report, they recommended that BZP not be scheduled at this time due to there being "insufficient information on which to base a recommendation to classify".³ Their report mentioned several other interesting points, including:

- 1) The U.S. DEA cited a single case report of a death after BZP and MDMA ingestion as part of its rationale for scheduling the substance. Yet according to the EACD, no causal link was established between BZP and the death.
- 2) BZP has the potential to be used as a harm-reduction measure for methamphetamine addicts.
- 3) BZP does not fit into any existing schedule and the EACD recommended that the Ministry of Health consider creating a new schedule which would limit access by age without prohibiting the substance completely.

Erowid.org/extracts/n6/bzp_nz.shtml

Cannabistrot.net

In July 2003, the administrator of the French cannabis web portal Cannabistrot.net was arrested after being named in a cannabis cultivation case. These charges came as the result of a 17-year-old allegedly testifying that he ordered cannabis seeds from a British website whose address he found while surfing a site hosted by Cannabistrot. Under French law, web hosts are responsible for the content they host if they have been notified by a third party and fail to remove the offensive content.

Cannabistrot claims they were never notified of a problem with the site they hosted or the links it contained.

Then in January 2004, members of the organization Pot Head Pixies (PHP) which runs Cannabistrot.net were charged with "provoking the use of cannabis" through their anti-prohibitionist views as demonstrated by the sale of legal gardening supplies and books about cannabis cultivation and use. A pre-trial judiciary court order—which is being appealed—prohibits PHP representatives from running any websites (including those un-related to cannabis), selling gardening supplies or books about the cultivation or use of prohibited substances, or participating in "anti-prohibitionist activities". Prosecutors will have to prove that Cannabistrot was deliberately attempting to facilitate illegal activity by French citizens.

This case is the latest in a series of trials brought against shops, organizations, and publishers active in the French drug scene. In March, there was an appeal in the trial of the president of Techno Plus, a rave harm reduction group. Techno Plus, which produces brochures, provides health information, and advises policy has been publicly funded for eight years. Its president was brought to trial by the state prosecutor because of two fliers, one explaining how to insufflate properly to avoid disease and another explaining the relative safety of various drug combinations. A mistrial was called due to a technical error on the state's side, and the state appealed so a second trial will be held. This situation is politically interesting because Techno Plus was publicly funded, operating with the tacit agreement of the French Ministry of Health.

Oaksterdam

In February, the city council of Oakland, CA voted to impose restrictions on the medical cannabis clubs operating in the city. The new ordinance, which takes effect June 1, 2004 limits the city to four licensed, non-profit medical cannabis providers. The City will review these imposed limits for medical cannabis providers in December

at which time it may allow more permits to be issued. The clubs will be restricted in where they can be located (more than 1,000 feet from schools, libraries, youth centers, etc.). The City Manager retains the power to allow use within these areas if no complaints are found.⁴

The City of Oakland also banned cannabis smoking, consumption and ingestion on-site within facilities complying with state law. An ad hoc committee will be set up to investigate this issue, with a report due in the summer of 2004. This report will propose allowing consumption and ingestion of medical cannabis in non-smoked forms like vaporizing and eating baked goods.

Four medical cannabis providers will be chosen from a review of applications that have already been turned in. This process is underway with providers to be licensed. Inspections of their properties will also be made by all related City agencies to ensure safe operations before the four are finally issued permits to meet the June 1, 2004 deadline for this permit process.

Leonard Pickard Sentencing

After being found guilty in March 2003 of conspiracy and possession of LSD with intent to distribute more than 10 grams, Leonard Pickard was sentenced in November 2003 to two consecutive life sentences without parole. He is appealing the verdict to a higher court.⁵

In related news, Gordon Todd Skinner, the primary witness against Pickard during his trial, was arrested with his wife on charges of kidnapping, conspiracy to kidnap, torture of a teenager, assault and battery with a dangerous weapon, and drug trafficking. In an unrelated case, he was also arrested on drug trafficking charges for distributing MDMA at Burning Man.⁶ ●

References

1. Federal Register Vol 69. Mar 18, 2004.
2. Editors. *Diagnostic and Statistical Manual (IV)*. American Psychiatric Assoc. 1994.
3. EACD Advice to the Minister: BZP. Apr 2004. Erowid.org/extracts/n6/bzp.shtml
4. Zamora JH. "New Limits in Oakland for Medical Pot Clubs." *San Francisco Chronicle*. Feb 5 2004.
5. The William Leonard Pickard Website. freepickard.org
6. O'Malley J. "Feds accuse man of handing out ecstasy at festival." *Reno Gazette Journal*. Jan 9 2004.

Books for the Erowid Library

Over the last nine years, Erowid has developed a physical collection of books, periodicals and papers relating to psychoactive plants and chemicals. These reference materials are invaluable as we write, publish, and verify facts for the site.

As we try to envision what the next stage of Erowid growth looks like, we imagine a centralized space with not only computers, scanners, and desks, but also a sizeable library of reference materials.

Our vision for the future Erowid Library & Headquarters varies, but it's clear we need a more collaboration-friendly environment if we are to sustain the project over the long term. We intend to keep the work highly distributed among remote crew and volunteers, but we are often hampered by not having a good space where we can work with others and provide them access to our resources.

One of our "dream designs" is a small physical Erowid Library: semi-public, on rural or semi-rural land, within two hours of San Francisco. It would have enough space and equipment for 4-8 people to work comfortably and shelves to house the books and reference materials. We realize even this fairly modest concept is a long way off, but it's good to dream!

With the help of contributors, we are working to fill in our physical library. We are asking people to donate books that we don't already have on the topics of psychoactives, brain science, psychedelic culture, consciousness, and mysticism.

The library/bookstore on Erowid (erowid.org/books) gives a list of the books already in our collection. If you have an extra or unused copy of a book you think might fit into the library or would like to contribute in some other way, we can use your help.

A secondary function of a future Erowid Library could be to help preserve and make available other private collections of books and papers about psychoactives in a secure and semi-permanent setting. A service we could offer would be to catalog and house private collections that no longer have a home but whose owners don't want them sold off piecemeal before important or unique works are identified.

As we sketch out the goals of the Erowid Project for the next few years, we are including a look at the feasibility of an Erowid office and library and look forward to ideas and feedback from members and advisors.

New Books

1 *Pagliaros' Comprehensive Guide to Drugs and Substances of Abuse*, by Louis & Ann Marie Pagliaro

A clinical compilation of current available data about the status, trends, and pharmacology of the most common recreationally used drugs in North America, written with health care providers in mind. (APhA Publications)

2 *Rave Culture and Religion*, by Graham St. John (editor)

An academic collection of 16 essays by contemporary religion scholars, dance ethnologists, and sociologists, exploring the socio-cultural and religious dimensions of raves. (Routledge)

3 *LSD*, by Otto Snow

Extensive coverage of LSD manufacture and forensics, including chemistry, precursors, and carriers both common and rare (like gelatin lamels). Includes photos, chemical nomenclatures and bibliography. (Thoth Press)

Hey, It's A Library

Responses to some Common Criticisms

by Earth Erowid

There are a number of common misconceptions about Erowid that both individuals and the mainstream media rely on when attempting to dismiss or discredit it. One of the ongoing challenges of the project is to help visitors contextualize the information they find and read it with appropriate perspective. We hope that by sharing some of our responses to common complaints we can help visitors better understand our editorial choices and help those who support our mission respond to others when discussing these complex issues.

First and foremost, Erowid is an eclectic library of documents. It contains everything from fanciful writing to the latest scientific research, from psychedelic art to police photos, from extensively edited and carefully reviewed articles to error-riddled, poorly written exhortations. The site serves as an archive of historical documents, a publisher of new information, and a hub to collect cutting-edge data.

It's an error to expect all the types of information to fit into just one of these categories—to see the site as a book rather than as a library. This leads to some of the following criticisms.

“Erowid is Pro-drug”

Perhaps the most common reason given for dismissing the information found in our collection is the idea that “Erowid promotes the use of psychoactive drugs”. Most often this seems to be a shorthand way of saying that we aren't like mainstream prohibitionist publishers; we do not exclusively publish warnings and negatively-framed information. Somewhat more novel terminology was used in a *New England Journal of Medicine* article mentioning Erowid, where we were grouped in the set of “partisan” websites, as opposed to the (apparently non-partisan) websites of groups like the Partnership for a Drug-Free America and the expressly political Office of National Drug Control Strategy.¹

The fact is that Erowid includes a far wider breadth of information and links than any of the prohibition sites. We go out of our way to collect and publish positive, neutral, and negative information. We show negative experience reports, write about dangerous interactions and behaviors, document and link to stories about psychoactive-related deaths and hospitalizations, and discuss research detailing the health risks of psychoactives. We link to hundreds of prohibition-oriented sites, despite knowing that these links will increase their search rankings and will never be reciprocated. We respond to angry criticism with polite requests for specific corrections and suggested changes. In fact, Erowid has been criticized for being too willing to publish negative information—by people who strongly believe in the beneficial use of illegal psychoactives.

While we try to discourage irresponsible behavior, our primary role is that of a library. It's not the place of the reference encyclopedia or the medical library to make the types of filtering decisions that might be made when producing a drug education book designed to be read by children; Erowid is designed for adults and is used for many different purposes. *Not discouraging use* is very different than *encouraging use*.

“Mixed Messages”

A similar criticism we receive is that the site doesn't provide clear, explicit guidance to readers about what they should or shouldn't do. As stated in a 2002 article about “recreational drug web sites” published in the journal *Pediatrics*, “Mixed messages about other drug use permeate the Erowid drug site.”²

Those who bring up this criticism seem to hold strongly to the view that information about psychoactives should consist solely of scare stories, negative health claims, moral warnings and lectures to stay away from a poorly defined set of “bad drugs”.

There is a huge disparity between how different people view the basic facts about psychoactives. One of the goals of the Erowid project is to collect and give voice to a range of well-considered opinions. Aside from our intent to help document diversity, it's clear that libraries and large collections should *necessarily* contain “mixed messages”; indeed, it is integral to their purpose.

As we wrote in our response to the *Pediatrics* article, “Should a library have a single ‘message’? Not a library that most of us would like to use [...] It is our position that an information source with a ‘single message’ will be seen as untrustworthy and biased by many readers: including those who choose to use psychoactives and those who choose to conduct research on them.”

“Erowid is Run by Druggies”

Major media outlets are usually a little too polite to call us “stoners” or “druggies”, but this doesn't stop smaller news organizations, individuals and the Usenet crazies.

Sometimes, the charge seems to serve as a disclaimer to protect the author from sounding too positive when they go on to make statements about Erowid's usefulness or interest. In a story published in the *Salt Lake City Weekly* on Jan 8, 2004, the author writes: “It's a site for stoners by stoners, people who like to get good and baked, and legitimize their dragon-chasing by proclaiming a Timothy Learyesque pursuit of self-discovery. (Not to malign them. I'm all for people getting ripped if they're truly not hurting anybody. But let's call a stoner a stoner.)”³ The overall tone of the rest of the Erowid mention is positive, but the “stoner” tag seems to frame the site as the probably-accidental output from lazy people who only stopped “dragon-chasing” long enough to upload their latest rant.

In other contexts, the terms are used solely as insults intended to discredit the content of the site. We're bound to get pinned with the “drug user” stereotype simply because of the

role we play. Erowid gives voice to current and past psychoactive users of all types: some who are self-proclaimed “stoners” and others who are the exact opposite. But the “druggie” insult is easy to throw, can quickly serve to discredit all work associated with the site, and is bound to get a laugh.

The most damning implication of the “druggie” criticism is that all of the information included on the site is suspect because those in charge would only post information that justifies their own (clearly depraved) use. This is sometimes accompanied by the suggestion that any errors found are the result of the site operators being too high to do anything properly. These are cases of using *ad hominem* attacks to discredit us personally rather than trying to make substantive arguments about the site that can stand on their own merit.

Each reader evaluates Erowid based on their own beliefs and values. While we want to maintain both a presentation style and overall site feel that can at least be tolerated by mainstream visitors, it is more important to us that we maintain credibility among those who need the information most. We realize this will inevitably lead to accusations that the site is run by “stoners” and we continue to consider the impact of our content and aesthetics choices.

Erowid is an enormous project that has grown out of the work of dozens of individuals. It involves a lot of complicated, stressful, technically demanding work, and very long hours. This has been underway for over nine years. The collection includes tens of thousands of documents and images and has provided source material for thousands of books, magazines, and lectures around the world. It is difficult to imagine this is what detractors have in mind as the product of a typical “druggie”.

“Erowid Contains Errors”

Another complaint resulting from a misunderstanding of the nature of the collection is that “there is incorrect information on Erowid”. With surprising frequency, we receive questions like “Hello, I’m writing a report for school and I want to know if everything on your site is true?”

There are many errors on the site and it would hardly take an expert a few minutes to point out a dozen inaccuracies or mis-statements. As with any archive of eclectic documents, there are many authors with

many different levels of expertise, out-of-date documents, and documents that contain typos or transcription errors. While a portion of the documents we archive are actively maintained as up-to-date representations of our current understanding of the topic in question, a majority of documents have been archived in their original format and will never see further edits or corrections. This is the style of journals and magazines everywhere, which publish articles that, a year or two later as knowledge advances, will be found to contain errors.

Imagine a librarian going through all the books and journals in their collection and blacking out the parts they think are incorrect. Now imagine them adding new sentences or paragraphs to the words of the original authors with no practical way to tell what has been changed. Imagine if the works of Aristotle had been “corrected” over time by well-meaning librarians bent on making sure that Aristotle was “up-to-date” with the current state of knowledge. It is not hard to see how damaging this would be to the historical record.

It is part of our stated mission to improve the availability of past data and this necessitates including information that may be proven incorrect later. Data of all kinds become incorrect that were correct when they were written (statistics, government laws and policies, social facts, etc.) and things *believed* to be correct are later discovered to be false. The nature of scientific advancement perpetually invalidates past interpretations and highlights problems with past data collection methods.

If “Does it contain errors?” were a litmus test for a good library, no library would pass. We make minor corrections and adjustments to a few documents each day based on reader feedback. But it will never be the case (nor our intention) that everything archived on Erowid is “true”.

“Missing Information”

The two sides of this are that some people complain that “Erowid is missing extremely important information” while others say that “Erowid is the one stop” for all their psychoactive drug information needs.

There are many articles, systems, facts, and resources that we know would add a great deal to the Erowid library. We sometimes use the metaphor that our job is like standing under a waterfall of data, trying

How to Read Erowid.org

- 1) Check Authorship. The articles published on Erowid are written by literally thousands of authors. When evaluating an article, readers need to ask: Who wrote this article? What are their qualifications? Have they written other articles?
- 2) Check Publication Date and Edition. A document’s age and how recently it has been edited are essential keys to knowing how to contextualize an article. Is the document marked clearly as to when it was written and last edited? Is there more recent data that could refute this article? Is it talking about laws or news that are likely to have changed?
- 3) Know the Document Type. Different types of documents have different levels of review, editing, and expectations for publication. What someone says in an Experience Report should be taken differently than something someone says in a research review article.
- 4) Look for References. Does the article give links or references for the facts it states? Does it make it clear how it reached its conclusions? For facts you care about, does the author provide enough information to actually track down the original material?

to sort and capture the most interesting or important bits as they fall by in the torrent. Not only is Erowid clearly missing a great deal of important information, but we also believe that fundamentally no single library should ever be considered the sole source of information on any topic.

Erowid doesn’t contain everything one needs to know about psychoactives, nor does any other resource. It’s important to look for multiple authors and multiple editorial perspectives when researching *any* topic or fact. Hopefully, what Erowid helps provide is a useful overview, access to a wide variety of viewpoints, and pointers to additional books, websites, and references where visitors can read more. ●

References

1. Boyer EW, Shannon M, *et al.* “Web Sites with Misinformation about Illicit Drugs”. *N Engl J Med.* 345:469-71.
2. Wax PM. “Just a click away: Recreational drug web sites on the internet”. *Pediatrics.* Jun 2002; 109(6):e96.
3. Harward R. “Syrup Shooters”. *Salt Lake City Weekly.* Jan 2004.

ESCOTTOLOGY

And So, A Scandal Grows

By Scott O. Moore

As many longtime viewers of this program are no doubt aware, I have watched the growing steroid scandal in professional sports with a rage that borders on apoplectic. Indeed, how can we live with the notion that each and every one of Barry Bonds' four *billion* home runs last year was possibly aided by a *performance enhancing substance*? And what about runner Regina Jacobs, who may be prevented from running in the Summer Olympics this year because she, too, is suspected of using a *performance enhancing substance* that helped her to win 24 national titles, including 23 races where she *broke the sound barrier on foot*? That sound barrier stood for years, I'm telling you, before some hot shot runner comes along all hopped up on goofballs and suddenly breaks the damn thing and *where were her morals*, I ask you? Apparently U.S. shot putter C.J. Hunter had 1,000 times the allowable amount of the steroid nandrolone in his system when he shot those puts in the 2000 Sydney Olympics—look, when I take *1,000 times* the allowable amount of any substance, they call in the frickin' National Guard, but this guy just got to *keep putting shots*?

It's an outrage, but sad as it may be, this scandal has spread from the august realm of professional sports into the formerly dignified world of arts and culture. The implications reach into the highest echelons of music, dance, theatre, film and literature. Apparently, artists of all stripes have been using *performance enhancing substances* for years now—and the world is only now catching on!

"I have absolutely no comment whatsoever," said Sir Paul McCartney, when confronted with direct evidence that many, if not most, of the Beatles' best compositions were created under the influence of *performance enhancing substances*. But international authorities are reportedly outraged, and are considering serious measures, including revoking the long-held gold medal for Concept Album from the band's seminal *Sgt. Pepper* album. This would indeed be a tragedy, for after realizing how many concept albums throughout history are tainted by performance enhancing substances, the medal may unfortunately fall to Mannheim Steamroller.

Meanwhile, officials for the upcoming Techno Olympics in Detroit, Michigan, are reportedly overwhelmed by the sudden wave of bands and DJs testing positive for *performance enhancing substances*. Members of the Crystal Method and the Chemical Brothers are denying all evidence as purely circumstantial, but as one official said, "Look, we all wanted to believe the lie, that music *so good* and *so real* and *so right* could just pour out of these artists, but now it seems clear—without *performance enhancing substances*, they'd all have joined Barry Manilow cover bands or something." The entire back catalog of the Orb has been stripped of its gold medals in the This Shit Is Fucking Weird events from previous Techno Olympics. Upon hearing the news, Dr. Alex Paterson called a hasty press conference at which he came clean, saying, "I admit, I was under the influence of over *1,000 times* the allowable amount of a *performance enhancing substance* when I named that song 'A Huge Ever Growing Pulsating Brain That Rules From The Center Of The Ultraworld, Loving You'. But in my defense, that huge pulsating brain *does* love you, whether you admit it or not."

Rigorous new testing methods are being proposed by the International Artistic Regulatory Commission. Unfortunately the standard battery of tests won't work, since the effects of many of these *performance enhancing substances* remain in the artists' systems for literally *years* after the body has purged all physical traces of them. Instead, highly sophisticated algorithms have been developed to analyze the actual produced work itself for traces: realistic depictions of altered states in literature or film are clear signs, as are unnaturally abstract expressions in dance or painting, or a particularly "phat beat" that could not possibly have been conceived simply by sitting sober at a Pro Tools console. "Perhaps the most pernicious cases", said one laboratory technician, "are those in which the *performance enhancing substances* produce actual honest insight about the human condition, or spirituality, or aspects of culture. Those will be the hardest to detect and root out—but safety demands it."

In the meantime, the world of art and culture has been shaken to its very foundation. "How can anyone look at a Picasso the same way?" mused one art expert. "I mean, it's so clear now—that lunatic *had* to be high on something." Even mainstream conservative America has been forced to admit that its long and strange enthusiasm for the works of Aerosmith is now forever tainted. Only a deluded few cling to the notion that *performance enhancing substances* are an asset to the creation of art; said one San Francisco DJ, "I don't care if I never compete again. They can throw up all the boundaries they want—I'll just keep dissolving them, alone if I have to." A dangerous thought from an artist who is clearly *throwing his life away*. We have an enormous amount of work to do to keep budding young talent from following in his booty-shaking footsteps.

In the meantime, the world of art and culture has been shaken to its very foundation.

Some tentative first steps have already been taken. The United Nations has formed a new commission, the Multinational Task Force on Keeping Art Safe & Boring. Already, dozens of homogenous boy bands are springing up in such far away places as Liechtenstein and Madagascar, giving hope to all that someday we might feel secure in the knowledge that our arts and culture are produced with integrity, with sincerity, and with no artificially enhanced creativity whatsoever, just the way God and the corporate world intended.

In the meantime, I can only urge caution. If you find your children suddenly displaying an unusual interest in hipster jazz, Terry Gilliam movies, or—God forbid—Phish albums, isolate them immediately. You may never know for sure if *performance enhancing substances* were involved, but why take the risk with impressionable young minds? Especially now that John Tesh has his own syndicated radio show. Kids need to learn *once and for all* that the only thing this culture will tolerate is performance *detracting* substances, like alcohol and most of the food we produce. The joy of mediocrity is something they will only learn from you. ●

Erowid.org/columns/scotto

THE DISTILLATION

Aside from the daily maintenance and upkeep of the site, we are always working on a variety of projects. Many of these involve updating existing sections of the site as a part of the overall Erowid 3.0 upgrade. Below are notes about some of these projects.

Sperowider.org

We get frequent requests from visitors for a downloadable version of Erowid.org by those who have slow or intermittent net connections. Every day a few people try to run spidering software on the site, hitting tens of thousands of pages each. Unfortunately, it's not uncommon for these types of spiders and bots to run out of control, occasionally entering infinite loops, causing hundreds of thousands of page hits and slowing down access for everyone else.

After more than a year of development, we have finally completed version 1.0 of the new Erowid spidering tool called "Sperowider". Sperowider is a tool that spiders, archives, and then creates a searchable index for a website. While the tool can be used to archive any site, its primary purpose is to make downloadable backups of Erowid.org (or a sub-sections of the site) for offline viewing and writing to CD. In the near future we will be creating regular archives of the site and making them available for download.

Culture & Art Vaults

The Culture Vaults have now been transitioned to the new Erowid 3.0 front-end, with the exception of the Art Vaults. The Art Vaults have gone through their own reorganization and the addition of better navigation tools. Many new artists are submitting work and the quality of submissions is up following the addition of new submission guidelines. The next project in this area is to merge the newly organized Art Vault style into the Erowid 3.0 template.

Fundraising

Our goal of reaching 1,000 current members by May 31, 2004 is making progress, but is a little behind schedule (864 as of May 11).

Testimonials

A new project we're working on is to collect supportive blurbs about the Erowid project (similar to what are found on the backs of books) by people willing to sign their full name and credentials. Having these would make it much easier for us to approach foundations, grants, and large funders. Email sage@erowid.org if you are interested in providing a short testimonial.

Media

A feature article about Erowid appeared in the April 30–May 6 *LA Weekly*. The article was written by Erik Davis and titled "Don't Get High Without It: The Vaults of Erowid supplies the ultimate trip buddy: information". It included quotes about Erowid from a medical student working in an emergency room, several researchers, and a teen drug counselor.

Erowid was also the subject of a very positive full-page editorial in Seattle's weekly alternative newspaper, *The Stranger*: "Drug Information Wants to be Free", by Hagbard Celine. These two articles have been very helpful in raising awareness of our funding issues and have precipitated a lot of very positive feedback about the site.

ECSTASYDATA STATISTICS				
2004	Daily Visitors	1,813	Daily Page Hits	13,610
	Daily File Hits	257,306	Tablets Tested	34
	Tablets Tested		Testing Results (1999-2003)	
	2003	148	Total Tablets Tested	1250
	2002	301	MDMA Only	(42%) 516
	2001	332	MDMA + Something	(13%) 168
	2000	333	No MDMA	(45%) 559
	1999	69	- Nothing Detected	90

EcstasyData.org

New support has been found for the EcstasyData project. Testing had ceased in October 2003 due to lack of funding. After seeing the request for help on project co-sponsor DanceSafe's website, a contributor stepped forward to cover a significant portion of the EcstasyData budget for 2004. In order to keep costs at a manageable level, we will continue to require a \$20 co-pay. To prevent future interruption of testing services, we continue to seek sources of funding of \$1,000 or more. Please e-mail serious inquiries and suggestions to donations@erowid.org.

Volunteers

A new "triage" system has been implemented as part of the experience report reviewing process. The new system allows submitted reports to be checked and sorted by more people before they are approved for public viewing, which should help us find and publish good reports more quickly. The triage system will also allow us to involve more people in the process and get volunteers started more quickly. If you are interested in helping with the triage process, please contact volunteers@erowid.org.

EROWID SITE STATISTICS				
CURRENT	Content Pages	24,490	Daily Visitors	32,001
	Archived Images	5,093	Daily Page Hits	420,568
	Current Members	864	Daily File Hits	1,785,564
BY MONTH		Avg Daily File Hits	Avg Daily Page Hits	Avg Daily Visitors
	Apr 2004	1,870,661	442,399	32,865
	Mar 2004	1,920,182	445,330	33,956
	Feb 2004	1,886,510	443,835	32,382
	Jan 2004	1,706,013	393,323	29,044
	Dec 2003	1,477,360	348,037	25,866
	Nov 2003	1,543,758	373,675	28,002
Oct 2003	1,569,789	381,151	28,449	
BY YEAR	2004	1,845,841	431,221	32,061
	2003	1,421,815	349,530	25,997
	2002	1,206,855	283,541	23,042
	2001	798,400	207,427	17,300
	2000	462,000	126,000	12,000
	1999	135,800	37,000	4,100

VERBATIM

“Stillness is love, movement is life. To be still and still moving—this is everything.”

— Lao Tzu (c. 600 B.C.E.)

“There are no differences but differences of degree between different degrees of differences and no difference.”

— William James (1842–1910), under the influence of nitrous oxide.

“There is no need to teach that stars can fall out of the sky and land on a flat earth to defend our religious faith.”

— Jimmy Carter (b. 1924), responding to Georgia’s Dept. of Education considering banning the word ‘evolution’ from public school text books, 2004.

“A little learning is a dangerous thing. Drink deep, or taste not the Pierian spring: There shallow draughts intoxicate the brain, And drinking largely sobers us again.”

— Alexander Pope (1688-1744), in *An Essay on Criticism*.

“What is a weed? A plant whose virtues have not yet been discovered.”

— Ralph Waldo Emerson (1803-1882)

“Parents can only give good advice or put them [children] on the right paths, but the final forming of a person’s character lies in their own hands.”

— Anne Frank (1929–1945), in *Anne Frank: The Diary of a Young Girl* (1952) entry for July 15, 1944.

“Most of today’s books have an air of having been written in one day from books read the night before.”

— Sébastien-Roch Nicolas de Chamfort (1741-1794)

“Conversations without tea are like a night sky without the moon.”

— Pelin Aylangan, Turkish tea authority, in *National Geographic*, Dec 2003.

“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.”

— Teilhard de Chardin (1881-1955)

**La vérité est le
contraire du poison,
elle n'est dangereuse
qu'à petites doses.**

**[truth is the opposite of poison; it
is only dangerous in small doses]**

— José Artur, French journalist

“Cautious, careful people, always casting about to preserve their reputation and social standing, never can bring about a reform. Those who are really in earnest must be willing to be anything or nothing in the world’s estimation.”

— Susan B. Anthony (1820–1906), on the campaign for divorce law reform, 1860.

“The Ecstasy fiasco is a reminder to be wary of people in white coats who bring startling news.”

— Don Sellar, in “Annals of science: bad trip on ‘E’”, *Toronto Star*, Dec 7, 2003.

“Art is not a mirror held up to reality but a hammer with which to shape it.”

— Bertolt Brecht (1898–1956)

“Magic has the power to experience and fathom things which are inaccessible to human reason. For Magic is a great secret wisdom, just as reason is a great public folly.”

— Paracelsus (1493–1541)

“Intelligence is the ultimate aphrodisiac.”

— Timothy Leary (1920–1996)

“It is the hour to be drunken! Lest you be the martyred slaves of Time, intoxicate yourselves, be drunken without cease! With wine, with poetry, with virtue, or with what you will.”

— Baudelaire (1821–1867)

“There is more to life than increasing its speed.”

— Mahatma Gandhi (1869–1948)

“One man’s high is another man’s side effect.”

— Meepus, alt.drugs.meth, Dec 11, 2003.

“I could not live without Champagne. In victory I deserve it, in defeat I need it.”

— Winston Churchill (1874–1965), reflecting Napoleon, to whom this quote was first attributed.

“If it takes a bloodbath, let’s get it over with. No more appeasement.”

— Gov. Ronald Reagan (b. 1911), commenting on student protests of the Vietnam War, Apr 7, 1970.

“Fill what is empty, empty what is full and scratch where it itches.”

— Alice Roosevelt (1884-1980)