

Ceremonial “plant medicine” use and its relationship to recreational drug use: a pilot study

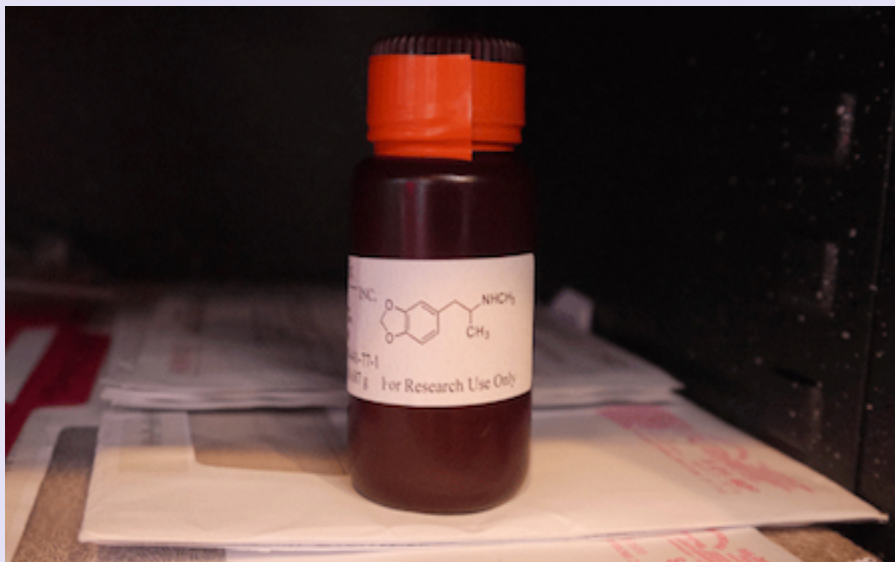


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Clinical trials of psychoactive/hallucinogenic drugs (MDMA and psilocybin)



THE NEW YORKER
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THE TRIP TREATMENT

Research into psychedelics, shut down for decades, is now yielding exciting results.
BY MICHAEL POLLAN

On an April Monday in 2010, Patrick Mettes, a fifty-four-year-old television news director being treated for a cancer of the bile ducts, read an article on the front page of the *Times* that would change his death. His diagnosis had come three years earlier, shortly after his wife, Lisa, noticed that the whites of his eyes had turned yellow. By 2010, the cancer had spread to Patrick's lungs and he was buckling under the weight of a debilitating chemotherapy regimen and the growing fear that he might not survive. The article, headlined "HALLUCINOGENS HAVE DOCTORS TUNING IN AGAIN," mentioned clinical trials at several universities, including N.Y.U., in which psilocybin—the active ingredient in

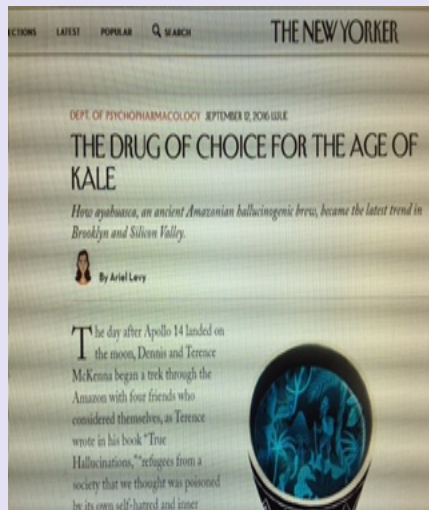
Psilocybin may be useful in treating anxiety, addiction, and depression, and in studying the neurobiology of mystical experience.

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Popular/non-medical literature also reporting huge surge in “Ceremonial” drug use with the purpose of physical and emotional healing



What is known about “plant medicine”?

Variety of plants

Use in indigenous cultures for physical, emotional and spiritual purposes

Few reports of adverse effects

Little scientific research



What is not known about western use of “plant medicine”?

- How many people are using plant medicines in the US and abroad (psychedelic tourism)?
- Who is using it?
- What co-existing physical and mental health issues do users have?
- What are the perceived benefits and risks of use?
- What are the actual benefits and risks?
- How plant medicine use may correlate with recreational drug use and/or risky sexual behaviors



Specific aims of this study

Preliminary, qualitative study to identify and describe the use of plant medicine in the US:

- Aim 1: Describe the demographics of the participants of a US sample using plant medicines to benefit their physical, spiritual and mental health
- Aim 2: Describe the language and religious, moral and philosophical beliefs developing around plant medicine use in this subculture
- **Aim 3: Explore participant's rationale for use of plant medicines and how they explain the difference between the use of these plants and the use of alcohol and other drugs (including the use of other drugs before, during and after plant medicine use)**
- Aim 4: Describe the perceived mental and physical health risks and benefits of the use of plant medicines as identified by group leadership, including sexual risk taking behaviors while under the influence of these drugs and the use of these medicines for HIV self-care



Methods

- Modified focused ethnography
- Individual face to face or phone interviews
 - > 100 informal with participants and guides
 - 15 formal with guides
 - Identified by group leadership and snowball sampling
 - Recorded and transcribed verbatim
- Descriptive content analysis to discover themes in interviews
- Human Subjects Protection:
 - Received “exempt” status from NYU IRB
 - No identifying information collected
 - Verbal consent rather than written consent to ensure participant anonymity



Results: demographics

Participant	Age	Ethnicity	Sex	Education level	Religious affiliation	Profession
1	60s	Black	F	College	Methodist/none	Medical
2	40s	White	M	College	None	Arts
3	40s	Asian	M	College	None	Arts
4	50s	White	F	College	None	Medical/Academic
5	50s	White	M	Doctorate	None	Legal
6	40s	White	F	Master's	Catholic	Arts/Academic
7	60s	White	F	Doctorate	None	Medical
8	30s	White	F	College	None	Medical
9	50s	White	F	Master's	Catholic	Arts
10	50s	White	M	College	Jewish	Arts
11	70s	White	F	Doctorate	Congregational	Medical
12	40s	White	F	Master's	Catholic	Arts
13	40s	White	F	Master's	None	Medical
14	40s	White/Black/ Latina	F	College	Catholic	Business
15	60s	White	M	Doctorate	Jewish	Medical/Academic



Main themes

- Participants vocalize a clear line between ceremonial plant medicine use and recreational drug use, but rationalization/overlap may exist
- Plant medicine is seen as a treatment for drug and alcohol use, but some concerns about participation of those with history of addictions
- Plant medicine use may demystify drug use and encourage recreational use, especially with those that have not previously used substances



Theme 1: There is a clear line between plant medicine use and recreational drug use

1. What substances are—

1. participants do not call these drugs, but rather “sacrament” or “supplements” and they are seen as sentient plants coming from nature, earth or “spirit”

2. Philosophy of practice

1. “checking out vs. checking in”, not there to “party”

3. Ritual creates the experience and ensures safety

4. Presence of community:

1. holds itself and it’s members accountable



Philosophy of practice: Facing issues versus numbing the pain

“So the difference is that when people take drugs . . . it’s to check out. Like the idea is to get away from yourself, get away from your problems, get away from whatever it is that’s driving you crazy. And this work is about checking in, it’s about really like connecting with yourself and seeing what’s going on. If you’re going into a ceremony to run away from your problems, good luck, because that ain’t gonna happen, you know.”



Ritual leads to safety and differentiation from recreational use

Preparation for ceremony (diet, rest, sexual abstinence)

Proper set and setting for use

Stated intention

Support of community

Presence of a facilitator or guide

Integration

Trust in authenticity of substance being ingested



Fine line between ceremonial use and recreational use

“I screen out people who just are, you know, they just wanna party...And there can be a fine line between “I’m really curious and I think this could help me” and “I’m curious like, you know, I went to Burning Man and raved and” (laughs) . . . I mean I don’t pretend I can always tell the difference, but I hope I can.”



Theme 2: Plants as helpful in treating addictions but also wariness about addicts using the plants

Seen as helpful in addictions of all kinds (drug, alcohol, tobacco, food, sex etc.), but not everyone eager/“ready” to work with addicts

- Concern about having former and current addicts in groups
- Questions about how to best help participants with history of addiction/self-regulation of addiction



Treatment of addiction

“[This work] has cured me. Even after 7 years of sobriety...I would have like a bender every once in a while. And I had no intention of quitting that because I didn't feel like I was hurting anybody... And yeah, all of a sudden, I think about my second year into [this work], I just noticed I was like oh, my urge to do [drugs] is gone, like I have no desire to check out anymore...I think my whole life, I've always felt a little pit, like an empty hole in my heart... But [due to this work] that hole got filled up.”



Questioning the use of “plant medicine” in the context of addiction

“And because I was a cocaine addict in my 20’s, and sort of healing from the violence in my childhood...it was fascinating to me to understand that these sacraments were not drugs...But the thought process that I did around the addiction was, one, are they safe? Do I trust the people that are doing it? Did the process seem to make sense? Did it resonate?”



Plant medicine use and twelve step programs

“I had actually been sober...in 12-step programs for like 21 years when I came to the work and had left those programs quite a long time ago because I felt that I kind of, you know, maxed out there...So when I found out about [the work]..I interviewed the facilitator for like an hour and a half before I did it to make sure like “this is not gonna compromise my sobriety, right?””



Theme 3: Encouraging recreational drug use

- Vast majority participants vehemently do not consider this drug use, and do not think it encourages use.
- Subset of participants felt that it may
 - Demystify drug use and thereby encourage other use
 - Be used as a substitute for other drug use (using plants to “chase highs”)



Anger around plant medicine being labeled drug use

“To this day I feel bristly when people describe it that way. I watched ... “Chelsea Handler does. . .” and one of the episodes was called “Drugs,” and then she included in that an ayahuasca journey. And I was so aggrieved because for me, all this experience has been about is how can I help people.”



Potential for encouraging other drug use

“For a year [my friend] was trying to get me to do the work, and I was like “you’re crazy, that’s drugs.” I mean I grew up type A, you know, straight-A’s, you know, perfectionist, three [academic] degrees by age 24... tobacco and booze, that was it, you know. I was petrified of putting any substance into my body, thinking I would be altered and I wouldn’t know what my new reality is, you know. Looking back now, that’s crazy—I embrace that now (laughs)!”



Potential for abuse or use as drug use substitute

“Like the addiction, like you know, cocaine addicts, I can see . . . you know, I’ve had journeys where my heart is open, and I feel so alive and so present, and I hear ex-cocaine addicts saying that was a similar feeling . . . So I get the crossover, and I get the draw, and I also get how some people start chasing journeys. And if they have money, they do it, and that’s you know, it’s not regulated in any way, they’ll just go journey-hopping, you know what I mean, to get their fix, and you know, they’re not integrating.”



Ritual preventing abuse/community keeping itself in check

“I have seen in my clients that they’re chasing, they’re taking something, and I believe that’s up to the facilitator to monitor. I mean I told people no, they can’t come back, they have to go and sit this one out, and then come back.”



Summary

- Ceremonial drug/plant medicine use is an emerging trend in the US with thousands, if not hundreds of thousands, of participants
- Little is known about who, why, how and where people are using plants, as well as potential benefits and risks of ceremonial drug use
- Results of this study indicate:
 - Tight community of people with strong beliefs and attitudes towards plant use
 - Plant medicine is seen as a healing and treatment modality used in context of community and ritual
 - Plant medicine is seen in stark contrast to recreational drug use
 - Questions remain:
 - Use in context of previous/current addiction
 - How to tap into potential to use plant medicine for addiction without causing harm
 - How to prevent plant use from encouraging other drug use
 - Whether there are known risks to mind and body



Implications of findings

- More research is needed:
 - Current on-going studies:
 - National MDMA study for PTSD
 - Psilocybin study for anxiety, depression, smoking cessation, alcohol use
 - R21: Mixed methods study using validated measures of depression, anxiety and self report of drug, alcohol and tobacco use among 1) participants in plant medicine ceremonies and 2) microdosing participants
- Healthcare providers need to be aware of emergent drug cultures
 - Ask patients about use of legal and illegal drug use, recognizing:
 - Different pathways to use
 - May not be using for recreation but rather as part of self-care



References 2016: psilocybin

(sample of published research in medical journals)

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