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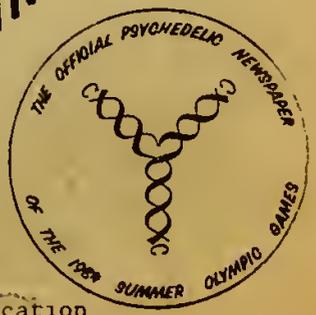
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A S.F. Bay Area Publication

Terence McKenna is an American scholar and a wizard. He has explored the far reaches of the human mind, something you will find out about by reading the 2 interviews featured here, as well as by reading his book, The Invisible Landscape, co-authored with his brother Denis McKenna.

Terence lectures often at Shared Visions on such subjects as "The Syntax of Psychedelic Time." This extraordinary adventurer seems to be equally at home amongst pre-literate tribes in the Amazon Basin, or in modern society anticipating "a globalized state of informational oneness." The interview is performed by Will Nofke.

W.N.- I wonder if you could share with us that experience which shaped your life and work, your journey to the amazon basin.

T.M.- Certainly. There have actually been a number of journeys to the amazon which I have participated in, the earliest in

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1971, the most recent in 1981. In 1981, a joint ethno-botanical expedition, composed of people from Harvard and The University of British Columbia, went down to Aquitos, in the far east of Peru. My brother was also part of that expedition. He is an ethno-chemist at the University Of British Columbia. We were looking at ayahuasca, which is a hallucinogenic beverage taken over a very wide area in the lowland jungles of Equador, Columbia, and Peru. We were also looking at a very little studied hallucinogen called aa-koo-heh-heh or kuri-coo, which is used by the Witoto, Bora, and Muinane people, and in both cases, these hallucinogenic drugs are based on dmt, or dmt in combination with some other chemical which potentiates the experience. These are probably the two least studied of the hallucinogens, although ayahuasca is a major folk religion over a very large area, and is involved in shamanic curing, and is very familiar to the poor classes of the lowland jungles of Peru, and is well known to the Mestizo populations. Kuri-coo is a much less known drug. We were studying it because the orthodox pharmacological theories say that it should not be orally active, and yet it is. So there was a scientific problem there to deal with.

W.N.- Something of discovering a new reality for science?

T.M.- Well, you have to have a scientific problem to center these expeditions. And then what



The Monkey is Being Shed

you actually brush up against is the phenomenology of the drug, the drug as it is experienced, and this is far removed from the pharmacological issues which are being sorted out now in the laboratory. But the experience of taking these drugs in the amazon, up these small tributaries which run into the main body of the river, among pre-literate people who are definitely not middle-class, and in the ambience of the equatorial continental jungles, was very interesting, very enlightening.

W.N.- How did you respond to that? I assume that you'd experimented with other hallucinogens in the recent past, before you made that journey, and that indeed you were looking for the effect, the psycho-physical response in you. Yet, apparently, you came upon something quite unexpected.

T.M.- Yes. Well, since the mid-sixties, we had been interested in dimethyl-tryptamine, dmt, both because of the intensity of experience, and because of the rapidity of its onset. When dmt is smoked, it comes on in about fifteen to thirty seconds. The onset of the effects at that rapidity actually challenges science to explain it. And then, the content of the experience seemed to us to go beyond the orthodox model of what the psychedelic experience should constitute. In other words, the psychedelic experience has been discussed in terms of consciousness expansion, or exploring the contents of the personal or collective unconscious, or achieving great empathy with works of art, things of that sort. What we found with these tryptamines

was that there seemed to be an unanticipated dimension, which was contact with alien intelligence. I call it this for want of a better word. Organized intellects which present themselves in the drug trance with information which seemed to be not drawn from the personal history of the individual having the experience, or even from the collectivity of human experience. Later, we came to feel that this effect was particularized to the tryptamine hallucinogens. In other words, not only dmt and ayahuasca and these more exotic amazonian drugs, but also psilocybin, which is probably the most widely experienced of these drugs. To me, it was astonishing that a voice could address you in that state, and impart information, and dialogue with you. Gordon Wasson, who discovered the psilocybin mushroom, or who formally brought it to the attention of western science, also wrote about this phenomenon. For that matter, so did Plato, in discussing the logos for Hellenic human beings. So this experience of an interiorized guiding voice with a higher level of knowledge was out alien in western history. However, the intellectual adventure of the last thousand years has made an idea like that seem preposterous, if not psycho-pathological. So, as moderns, as pharmacologists exploring these drug states, my brother and I came upon this phenomenon. And in the ensuing years we've worked with it, directed other peoples' attention to it, and I would say a consensus has emerged that this is real. But a consensus has yet to

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emerge, about what, exactly, it is. Are we dealing here with an aspect, an autonomous psychic entity, as the Jungians would style it - a sub-self that has slipped away from the control of the ego? Or, are we dealing with something like a species overmind, a kind of collective intelligence? Or, are we, in fact, dealing with an alien intelligence with all that implies? It's not an easy question to answer. It's not even an easy question to grapple with, because the phenomenon does not manifest itself except at doses high enough that, taking now psilocybin, the drug can be distinguished from any other drug. That would be my personal definition of the effective dose of a drug. You should be able to tell it from any other drug.

W.N.- There are certain parallels that are quite obvious, and one of them that immediately comes to mind is Saint Joan hearing voices and gaining direction. Granted, she was a farm girl and perhaps she was growing mushrooms in the back yard. There seems to be, throughout history, within the realms of religious experience, the hearing of voices, and it's always attributed to "god", whatever that image is for the individual who is experiencing it. That experience does not... well, necessarily come from the ingestion of any drug. It can come through some other aspect of altering human consciousness.

T.M.- Right. It always arises through a shift in the interior chemistry of the body and the brain, but this can be induced by drugs, or stress, or a person or family line can simply have a predilection for these kinds of states. You're quite right. Religion, understood in pre-modern terms, is essentially man's response to the problem of interior prompting. Not everyone has interior prompting, but enough people have it that it is a culture-shaping phenomenon, if not, in fact, a culture-steering phenomenon. Julian Jaynes discussed the possibility that what we call ego consciousness is actually a phenomenon as recent as Homeric times. Before that, everyone heard voices.

And in stressful situations, everyone had recourse to a kind of automatic reflex which they called a God, but which was, in fact, the self not yet reigned in to the control of the ego. In other words, the ego is an invention of man, to allow us to transcend the ant-hill type societies that characterized the pre-Homeric world. I have no trouble with this. Gordon Wasson has discussed it. However, it certainly is not a mainstream view. Religion, for the past five hundred years, has been a hierarchical pyramid where theologies interpreted dogma. This interpretation was handed down through a hierarchy, to the faithful. I think religious hierarchies are very unsettled by the idea of direct revelation. Nevertheless, this phenomenon is certainly thriving in pre-literate cultures all over the world. We discovered in dealing with this, that the only people you could talk to about it, who seemed to have familiarity with it, were shamans.

And they say, "Yea. Of course. This is how information is obtained in that dimension from helping spirits, or hindering spirits." In other words, the idea of autonomous alien intelli-

gences contacted in the mental dimension seem to them commonplace. I think it probably is. I think that western culture has taken a long idiosyncratic detour away from the spirit, and we are just now beginning to realize that we may have lost something. In fact, we do not represent the pinnacle of understanding of the nature of reality. We have very interesting maps of, say, the heart of the atom, or the far reaches of the universe. But in the areas closest to home, our own minds, our own experiences of ourselves and each other, I believe these primitive cultures, by being phenomenologists, by not being encumbered by technical apparatus or abstract theories of what's going on, come closer to the mark. In other words, they are folk psychiatrists, folk psychoanalysts, who leave us far behind. Many anthropologists have commented on the absence of serious mental disease in these pre-literate cultures. I believe that the mediation of the shaman, and through him, the contact to this centering logos, this source of information or gnosis, is probably the cause of this ability to heal psychological disorders, or to hold them to a minimum.

W.N.- You mentioned something in relation to organized religion. I think western "churchianity" has been very successful at establishing its turf, by instilling fear, doubt, and suspicion of anything that comes from inner sources. It's established a criteria that says, "If it isn't in the scriptures, it is to be ignored and suspected as being from a dark force." There is a distinct denial of the validity of personal experience. And I find that a great many people look at the drug experience as highly suspect, highly dangerous, uncontrollable. How have you found people deal with this?

T.M.- Well, it's uncontrollable to the degree that it's not well understood. These pre-literate cultures have an unbroken tradition of shamanic understanding and ethno-medicine that reaches back to the paleolithic and beyond. We have nothing comparable to that. So people in our culture who get into deep water with these drugs, who do they turn to? Who do they ask with certain knowledge? In Peru, we saw people who were naive about ayahuasca. People who had come from Lima for the experience got into the place where they were definitely having a bad trip. But the shaman is able to come over to them, and by blowing tobacco smoke over them, chanting, things which appear to us to be symbolic, nevertheless, act with the same efficacy as if the person had been given a shot of demerol. So one man's symbolism is another man's technology. This should be born in mind when dealing with these cultures. How things appear to oneself may not be how they appear to the people who are enmeshed in them. Unless you shed your language and enter into these cultures entirely, you will always have the point of view of a stranger and an outsider.

W.N.- Even in that aspect of society which might be categorized as new age, for want of a better term, where there's a great deal of breaking away from dogmatic upbringing and movement into direct experience, the drug thing is suspect. So, the investigation of such things as working with the kundalini, hypnosis, mantras,

physical activities... psycho-physical manipulations of consciousness, seem to be safe ground, acceptable as areas for investigation. But I see this incredible bias against using chemical means, even the organic ones you speak of.

T.M.- Yes. Well, I think there's a very strong Calvinistic bias against free lunch. The idea that you could achieve a spiritual insight without suffering, soul searching, flagellation, and that sort of thing, is very abhorrent to people, because they believe that the vision of these higher dimensions should be vouchsafed to the good, and probably to them

One man's symbolism is another man's technology.

only after death. It is very alarming to people to think that you could take a drug like psilocybin, or dmt, and have these kinds of experiences. Nevertheless, it is a fact of reality, and we are only now beginning to come to terms with it. I don't believe that these things are a substitute for spiritual practice. On the other hand, I don't believe that spiritual practice could ever be a substitute for these experiences. I scoured India and Indonesia and a number of other places, and I found these traditions you mentioned, the tantra of kundalini, the trance-dancing in Bali. All of these things exist, but they are under the control of priesthoods and embedded in traditions. You almost have to accept the mind-set to have the experience. They are all so very elusive. The drug experience, on the other hand, is not. It is, in fact, overpowering. Certainly, with the tryptamines, there is nothing elusive about it. It is the great conqueror. So, these things are going to have to be integrated into the culture that is developing, without a sense of guilt. With a sense that they point the way toward something. I think it was Aldous Huxley who called them "gratuitous graces," explaining that they were neither necessary nor sufficient for salvation, but they were nevertheless, a miracle.

W.N.- You make a strong point for set and setting as a part of the drug experience, that they're not to be taken lightly or used recreationally, that they need to be dealt with, with some degree of seriousness. And it's preferable to have someone available to serve as a guide. I'll also be interviewing Timothy Leary. There's a case of someone who I'm not quite sure what his attitude may be. Whether it's one of fun and games at any cost, or whether it's intensely serious.

T.M.- Well, I think he's a man who probably has had ample opportunity to change his mind. The euphoria of the sixties, the assumption of the intellectuals around Huxley and Humphrey Osmond that all that need be done is lay this before people and humanity will transform itself, was terribly naive. Although, only in hindsight, since people had never stood at a cultural crossroads quite like that. I was in Santa Barba-

ra recently with Hofmann, and someone came up to him and said of LSD, "I want to congratulate you for your invention. I believe it was the only joyous invention of the twentieth century," which may be true, although I said, "What about animation?" I hear people saying there may be another path to the psychedelic experience as a social phenomenon. I certainly hope, if there is, those of us who went through the nineteen-sixties will have processed that experience and have learned the lessons from it. I think that these things should not be taken in large groups. I think that the most fruitful way to approach the psychedelic experience is in an environment almost, but not formally, one of sensory deprivation. In other words, you should lay down in complete darkness and silence and watch the back of your eyelids. I'm amazed how exotic this advice seems to me, or seems to other people. It seems to me that common sense would lead you to do that. After all, you're trying to observe a mental phenomenon. So, going to a rock concert, or even listening to Beethoven's Fifth on earphones is... these things exist autonomously of the mental phenomenon. To see the mental phenomenon uncontaminated by outside sources of information, you must put yourself in a situation where it can fully manifest itself. And at the effective doses of these drugs, I guarantee anyone, it is not a boring experience. Perhaps too many people have meditated. So they imagine it is like meditation. It is the exact antithesis of meditation. It is, in fact, to leave your body and to journey into mental space, which is an area at least as large as outer space. In fact, the distinction between these two may be cultural convention. You journey into a deployed field of information which appears to be light years in extent. This can only be done if the exterior input has been brought to a minimum. Then you see what Blake saw, and what Meister Eckhardt saw, and what St. John of the Cross saw. And you may not be able to bring to bear on these things the kind of insight they did, but, on the other hand, no man can measure the ocean, not Meister Eckhardt or anybody else. So it is not to measure the ocean, but merely to be measured by it, to confront it, to be in it.

I think these drugs have had, are having, and will have an ultimate impact on human history. They may, in fact, be the cause of human history. We're so familiar with the doctrine of evolution, the idea that we descended from the apes over a long period of time, that we tend to overlook how odd a creature man really is. Man is a very odd creature. And to have arisen, in fifty or one-hundred

thousand years, from the chipping of flint to the launching of the space shuttle and the hurling of these instruments out of the solar system, it seems almost preposterous to maintain that the forces and facts of nature, as we know them, could have allowed us to do what we are doing. Instead, I take a very pre-modern view, which is, we are in league with the demiurges. We are the children of a force which we can barely imagine. And it is calling us out of the trees and across the plains of history toward itself. This process is taking ten, fifteen, twenty thousand years... an instant. The lifetimes of many individuals come and go, but nature does not act from the point of view of the individual. It acts from the point of view of the species, and on that scale, hardly a moment has passed since there was nothing happening on this planet except, as I said, the chipping of flint and pharmacology. Pharmacology preceded agriculture, because the property of

This is the chaos at the end of history.

plants was understood long before the husbandry of plants was understood. These visions that are conveyed on psilocybin, visions of enormous machines in orbit, and distant planets, and strange creatures, and vast organo-mechanistic landscapes, we can hardly process. You don't know whether you are walking around inside an enormous instrument, or inside an organism. We are barely able to assimilate these things. Yet, these are the visions that the guiding force, the overmind of the species, if you will, is releasing into historical time at the present moment. As it released the differential calculus a couple of hundred years ago. As it released all the great advances in human history. And if you study the history of scientific or technical advance, it has this character of revelation. The people who have the real breakthroughs always say... "It was just handed to me. One morning, it was there." Descartes invented the calculus while lying in bed one morning. Leibnitz was doing the same thing a few hundred miles away, and they didn't even know each other. So I see that over the millennia, there has been a dialogue between the individual self and the other, between the collective self and the other. We have called this God. Priests have gotten control of it, and freighted it down with all kinds of thou-shalts and thou-shalt-nots, but the real religious experience is not about that. It's about the dialogue with the logos, where it can lead you, what it can show you. So now, when we see a species about to leave the planet, this thing re-emerges with

great intensity. Because we are not going to leave this planet untransformed within our minds. The idea that the transformation of outer and inner space are separate areas of concern is totally fallacious. What is happening is an over-all transformation of man into an entirely different kind of species. The monkey is being shed. And the thing which is made of language, and of image, and imagination, which has resided in the monkeys for so long, is now superceding biological evolution, and through culture, taking the reigns over its own form and destiny. And the chaos of our age, which is so troubling to all of us, is nothing unusual at all. It is, in fact, the normal situation when a species begins to prepare to leave the planet. This is the chaos at the end of history.

There is no question about it. The signs are all around us. The signs which are not all around us, but which are known to the aficionados of psychedelic drugs, are the transformations of consciousness which are simultaneous with the transformation of technical culture. These two are, in fact, expressions of each other.

These times are the birthpangs of a new humanity.

Andrew Weil cont.

the person go away... satisfied.

W.N.- As with Valium.

A.W.- As with valium. Those have been the most popular prescribed drugs in history. They change from time to time. There originally was morphine, opium, alcohol, then morphine again, then cocaine at the turn of the century, which was given out for everything! Then came heroin, which was recommended as a safe cough suppressant. Then a whole series of synthetic narcotics which were released to the world as non-addicting narcotics. And always, after a number of years, the people admit that it was just as addicting as anything else. Amphetamines, which were given to countless overweight people, and depressed housewives in the 1950s' and 60s'. And then Valium and Librium, which I heard recently, were the most prescribed drugs in the world.

As a profession, medical doctors have abdicated responsibility in this area. They have let the criminal justice network, and law enforcement, and courts move right into an area that they should have jurisdiction over. They did not fight for their professional rights when the law enforcement establishment moved into the area of disapproved drugs.

W.N.- Are you implying that all drugs should be available through prescription?

A.W.- I think no drug should be illegal. How we get to that ideal state from where we are now, I don't know. I'm certainly in favor of decriminalization of all drugs, for possession and use. I think that would have to go along with a dismantling of the whole apparatus of drug law that we have built up, which has really created most of the problem we have today. I think that has to go hand-in-hand with real education of everybody about what the risks and benefits of drugs are, and that includes doctors. Instead of a black market in cocaine in this country, I would like to see a medicinal preparation of coca leaf that doctors could prescribe. They ought to be able to explain to people why it is safer to use coca leaves than to use cocaine. But they don't understand that, because they think that refined white powders are more scientific, better than natural plants



which are seen as being old-fashioned and inexact. Cocaine provides a wonderful example of how not to interact with drug plants. Natural-form coca leaves have a very low concentration of cocaine, about one-half of one percent. It's combined with vitamins and minerals. When you consume the coca leaves, you put the cocaine into your bloodstream and your brain very slowly. I have never seen a case of coca abuse among Indians in South America. I've seen no toxicity from it, nor dependence on it. A very different situation from what I see with cocaine up here.

When you put a concentrated drug into the brain much more directly, (and by the way, the most direct way of doing that is smoking. That's even faster than intravenous injection.) you greatly increase the toxicity and you greatly reduce your chances of forming a stable relationship with that substance over time.

W.N.- I wonder if there's a new relationship arising from the interest in the drug as a part of a ritual. It's a little like the validity of an LSD trip, if you had a guide to carry you through it. The difference seems to be a matter of intention.

A.W.- Definitely. One of the points that's made very clearly in Chocolate to Morphine, is that there is no such thing as good drugs or bad drugs. They all have potentials for good uses and potentials for bad uses.

The first characteristic of a good relationship with a drug,

is awareness that you are using a drug. Look at the number of coffee addicts who have no sense that coffee is a strong drug, one that can cause physical addiction. Or cigarette addicts who have no idea that the drug they are using is the most addictive drug known. Or alcohol users who rant and rave about illegal drugs and have no sense that the drug they are involved with is, by far, the most toxic drug. And that doesn't just apply to legal drug users. Plenty of smokers of marijuana don't like to hear marijuana called a drug. That's the beginning of a bad relationship with drugs. One of the things that traditional peoples have going for them, in their relationship with drug plants, is that they begin with an awareness of that being a special thing, a sacred or magical plant, and they build a ritual around it.

W.N.- Currently, there's been a new drug on the scene called ecstasy. It seems to be working for a great number of people within the consciousness community. What is this drug?

A.W.- It's a close relative of mda. It should be called MDM, or MDMA. I've heard it called ADAM as well. It's one of a series of psychedelic drugs related to amphetamines and to adrenalin. It's a shorter duration of action than mda. Otherwise, it's quite similar. In many people, in reasonable doses taken by mouth, it produces a very calm, centered state. I know a number of psychotherapists who find it very useful. I know many people who like to use it. I have not seen many bad reactions, especially taken in reasonable doses... and assuming that the set and setting are supportive. As far as I know, it is not yet a controlled substance.

W.N. - Perhaps we shouldn't have mentioned it.

A.W.- I think it also has great medical potential. I've seen a lot of healing reactions that have been promoted by experiences with that kind of drug. It's a shame that the potential of psychedelics has been so little explored in medicine. Especially since, as a group, psychedelics have the lowest abuse potential of all drugs.

There are a couple of reasons for this. One is that their physical toxicity is minimal, either in short term or in long term use. The amphetamine-like psychedelics like mda are slightly more toxic. The other

thing is that because those drugs make such an impact on people, it's very difficult to use them frequently or combine them with ordinary activities. I think the main risks of psychedelics are bad trips. Those result from set and setting, from taking them in inappropriate ways with inexperienced people. They're self-regulating. A very different situation than what you see with marijuana, where you quickly become tolerant to the major sensory effects. If you don't watch out with marijuana, it can very easily become a habit that takes over your life.

W.N.- Do you feel it's a physical addiction or psychological?

A.W.- I don't think that's a very important distinction. A marijuana habit can be very difficult to break. And the fact that it doesn't have physical components, I don't know how important that is. I think that dependencies and addictions are very difficult to break, whether they have physical components or not. Obviously that's not just drugs. People become addicted to lots of things besides drugs. To falling in love, to watching television, to jumping out of airplanes, there are all sorts of things that people become dependent on for their highs. I don't think there's anything especially pharmacological about addiction.

W.N.- Your own particular interest is primarily in hallucinogens.

A.W.- I have to say I'm interested in all of them. I tend, like the New World Indians, to gravitate toward stimulants and hallucinogens. I'm more interested in them than I am in sedatives. Actually, I'm interested in the experiences people have when they take drugs, and I think that those are really the product of the nervous system.

It may be that when you have highs, in one way or another, the high depends on your own drugs. Drugs that your brain makes. It looks as if we make analogues of all the common external drugs, with the exception of marijuana. I don't think anyone has found an internalized analog of THC. But we certainly make our own uppers, downers, psychedelics... probably DMT, or something very close to it, that's made by the pineal gland in the brain. We make our own anti-depressants.

It's also a very interesting question, as to why plants should produce chemicals that mimic the effects of substances made by the human brain. What does that say about the relationship between human beings and plants? It may be that when you take, from outside, a substance that resembles the effect of something you make in your own brain, and take it regularly, you shut off your internal production of the drug. That may

create a physiological basis for dependence. It certainly looks like that's what happens in opiate users. There's a real difference between people who are fascinated by opiates and people who aren't. I wonder if the people who are fascinated have some deficiency of endorphins. Maybe they perceive ordinary reality as more painful than other people do, and when they take an external opiate, it makes it all right. But then you totally shut off your brain's own production of endorphins. So if you stop them suddenly, you're left with such a deficiency that you are really sick. That may be the basis for withdrawal. Maybe there's something you can do that would increase their brain's production of endorphins.

W.N.- I wonder if it can be done through the intellect.

A.W.- It may be. There's research showing that when acupuncture is used to produce anaesthesia, the effect can be blocked by giving the person a narcotic antagonist. Endorphins seem to be the basis of that. Maybe acupuncture could stimulate endorphin production in the brain.

W.N.- What similarities are there between the use of psychoactive drugs in various cultures and in various spiritual practices, in your opinion?

A.W.- There is a long tradition of the use of psychoactive drugs in religious practices. That's all around the world. Probably every drug you can name has been put to that use in one place or another. Coffee was used as a spiritual aid in early Muslim sects. Alcohol has a long history of religious uses, of which we can still see the use of wine in Jewish and Christian rituals. Marijuana was used as a religious sacrament in ancient India. It still is, to some extent. The psychedelic plants, obviously, among New World Indians, and the sub-cultures here have used them in that way. You can also look at other religious practices, like whirling among the Dervishes, or prolonged fasting, chanting, or meditating, which may produce similar effects by affecting the production of neurohormones. There's several historical examples where a drug began in that kind of ritualized religious context, and then escaped that context to become a secular, everyday drug. And with that kind of change, there came abuse of the substance. Coffee is an example. When people took it once a week to stay up all night and chant and pray, you didn't find people getting dependent on it. It was one that escaped that religious usage and became an everyday drug. The people took it because they liked the feeling. Then it became a habit and eventually a habit which is not too easy to break.

W.N.- That's an example of over-use negating the original purpose and function.

A.W.- Right. And that is a very clear pattern with all psychoactive drugs. Their usefulness to people is crucially related to frequency of use.

But I don't think it's possible to say what too frequent use is. I think that depends on the individual. The crucial issue is whether, as you've used the drug over time, does the experience that you're getting with it hold up to what you got initially, what you liked about it? If they don't, that's a strong sign that you've been using it too much, and you should cut down on your frequency of use, or stop using it for a while.. That's true of all drugs. The use of a drug, frequently, creates its own need. And that need is the basis of repetitive use. It's interesting to watch some people when they get into that bind. They think that what's wrong is that they're not using enough, or they need something stronger. You see that very clearly with marijuana. When people are not getting as high as they want with marijuana, they think that the problem is that they need stronger pot. All you have to do is stop smoking it for a while.

W.N.- And that can depend on finding a substitute or an equivalent, right?

A.W.- Or being willing to tolerate some pain and discomfort. When you meet people that use opiates, heroin, and who aren't addicted, they're very interesting people. They are willing to tolerate a certain amount of discomfort, a kind of mild withdrawal. They are willing to pay the price to stay in a stable relationship with the drug.

W.N.- There seems to be two categories. One is expanded reality, and the other is running from everyday reality.

A.W.- It's a little risky to generalize. But, I think that a lot of people who become dependent on depressants are people who want to screen out internal noise or anxiety. One of the great appeals of heroin is that it's a very good drug for boredom. It makes time pass faster. Whereas, people who take psychedelics, I don't think they're looking for that. If you don't want to look inside your mind psychedelics are not the thing to take. I think their main advantage is that they can show you, very powerfully, that other ways of being exist. I think that, ideally, they can motivate you to find other ways of getting there that can keep you there.

W.N.- What sort of change of consciousness can you see, as a doctor, for people who would like to get off of coffee or

tobacco?

A.W. - Information. Knowledge. I'm a real believer in truthful information enabling people to make intelligent decisions. If you understand that tobacco, in the form of cigarettes, is the most addictive drug known, and that the addiction can form within a matter of hours, which you cannot say of any other drug. One thing that argues for is that you really have no time to experiment with that drug. A British study done last year concluded that a youngster who smokes more than one cigarette has only a 15% chance of remaining a non-smoker. That's astonishing.

When I was in medical school, it was always taught that tobacco addiction was psychological. It's not psychological. It has a real physiological basis. It has to do with delivery of repeated pulses of nicotine to deep brain centers.

Cigarette addiction is, we now know, a product of the modern cigarette industry, which began in this country after the civil war with the invention of a new type of tobacco, called bright tobacco, that was milder, and a method of curing that made a mild enough smoke which could be inhaled deeply. Up until then, tobacco was so harsh that you couldn't inhale it deeply or often. As soon as you enable people to do that, they overnight become addicts. So you have a captive audience for your product. The economic reconstruction of the South was based on that. And as a gesture to that, the columns on the Senate side of the Capitol Building in Washington, are decorated with tobacco leaves. There is so much irrationality about drugs in this culture. People talk about drug pushing. What is a more shameful kind of drug pushing than tobacco marketing? Ninety or ninety-five percent of cigarette addicts begin their addiction as teenagers. And the tobacco industry knows perfectly well where its buyers come from, although they vigorously deny that they make an appeal to young people. Clearly, the images of smokers, put out by the tobacco industry, is of young adults who are successful, sexually successful, and so forth. That is drug pushing of the worst kind.

W.N.- The combination of information and the truth, because there's been so much distortion in relation to drugs, that it invalidates any sort of discrimination...

A.W.- I agree. What I think is different in this book (Chocolate to Morphine) is that it's really all-inclusive. Usually the books that I pick up about drugs only talk about some drugs, the ones that people don't like. The ones that people use themselves, that are so accepted that people don't see them as drugs, don't get men-

tioned.

There's a chapter on medical drugs, over-the-counter drugs, and herbal remedies that are psycho-active. There's a section on anti-histamines, which are powerful psycho-active drugs related to Thorazine. People who are given a gastrointestinal drug like Lomotil for diarrhea aren't generally aware that it contains a synthetic opiate which has a narcotic effect on mood. The other constituent of it is a derivative of Nightshade. The nasal decongestants are also all stimulants. The first ones were Benzdrine inhalers. They had paper strips that were impregnated with amphetamines.

One of the effects of all stimulants is to shrink your blood vessels. So when you put amphetamine or cocaine up your nose, your blood vessels shrink, and you can suddenly breathe. Amphetamines, of course, stimulate the central nervous system as well. So people get high from them. The manufacturers eventually found synthetic derivatives which they convinced people were less stimulating, but many people get high on them.

But after a period of time, when the nerves and blood vessels are constricted, there's a rebound effect when they expand to bigger than before.

Stimulants are a clear case of a principle which, I think, is very easy to explain to people. Many people who take stimulants think they're getting some free gift of energy from heaven. It's just dropped on their heads. The energy that you feel when you take a stimulant is your energy. It's your energy, which is stored in your nervous system. All those drugs do is force your nerves to give it up at a time when they otherwise wouldn't. The consequence of that is, when the stimulant wears off, you're left with a depletion of energy. You feel let down. You feel lethargic and lousy and all those things you took the stimulant to avoid. If you're willing to tolerate that, and let your body recharge awhile, there's nothing wrong with taking a stimulant every once in a while, if you need to. That's not hard to explain to people. You can prove that to yourself, and it accords with your experience.

That, to me, is what real drug education should be. So that people, when they choose to use drugs, can use them in an informed way, and give themselves the best possible chance of not falling into bad relationships with them.



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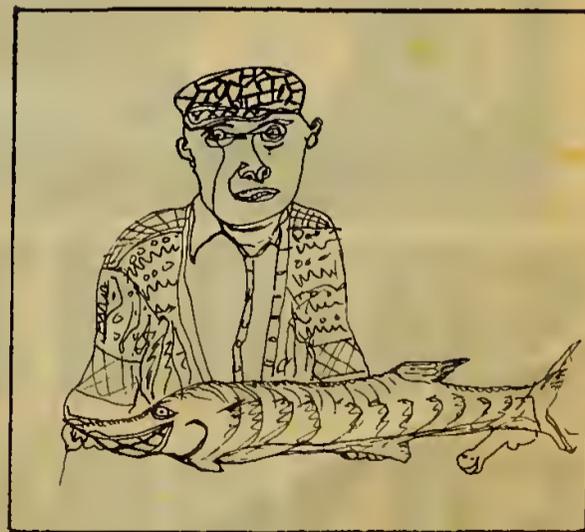
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