Blending Traditions:
Using Indigenous Medicinal Knowledge to Treat Drug Addiction

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Abstract – Ancestral medical practices are based on a highly sophisticated practical knowledge and, in contrast to the clumsiness with which Western peoples induce altered states of consciousness, view the controlled induction of non-ordinary states of consciousness as potentially beneficial, even in the treatment of the modern phenomena of drug addiction. Drawing from his clinical experience in the High Peruvian Amazonian forest, the author describes the therapeutic benefits of the wise use of medicinal plants, including non-addictive psychoactive preparations, such as the famous Ayahuasca tea. Within an institutional structure, a therapeutic system combining indigenous practices with contemporary psychotherapy yields highly encouraging results (positive in 2/3 of the patients). This invites us to reconsider convention approaches to drug addiction and the role of the individual's spiritual journey in recovery.

The Backwards Approach

Moving beyond the strict position that the final objective of drug addiction therapy is complete abstinence, the Western world has responded to its failures and limitations by considering the possibility of merely reducing risks. The notion of substitution, as in methadone therapy for heroin addiction, indicates a certain tolerance towards altered states of consciousness. In this model, which treats these states as "inevitable" in some sense, one would now be satisfied with limiting their negative secondary effects. In the face of a Puritanism resigned to an almost constant failure, this attitude opens new possibilities in treating drug addiction. It now seems thinkable that drug addiction is an attempt, certainly clumsy and sometimes extremely dangerous, of self-medication. Users may be responding to a real need to escape the constricting mud of a dry and devitalized lifestyle, one lacking exciting perspectives or room to blossom.

Some take this new tolerance of drug use farther, for example by proposing to ravers that they learn about the drugs they consume, the risks that they run, and the best way to avoid the negative consequences of their conduct[2]. In this model, the drug user is considered a thinking and consenting subject, who is invited to take responsibility for his actions. The "repressive machine" that tends to substitute itself for the subject, making his decisions, revoking his responsibility, and, in the end, reinforcing an internal pattern of dependence, gives way

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to an approach which appeals to the user's intelligence. This model accepts the authenticity of the user's quest, even if it is often unconscious, for a true liberty that can be confused with caprice.

While this attempt at finding meaning by exploring new realms of consciousness can be chaotic and confused outside of a controlled setting, it is reminiscent of more purposeful undertakings among traditional peoples. In fact, one finds the induction of altered consciousness towards initiatic and therapeutic ends in all traditions. Such experiences, always guided by a ritual frame, often depend upon a fine understanding of the animal and vegetable substances that serve as their catalysts. One may also affirm that, often, the same substances that serve as the "remedy" in indigenous cultures are the "poison" in Western society. Hence the coca leaf, which is well integrated into daily life in the Andean world, becomes a highly addictive cocaine-based paste when taken out of context. Similarly, cannabis, poppy, and tobacco may generate either remedy or poison according to the mode of consumption and the context of ingestion.

It is noteworthy that biologists observe that all animal species consume natural psychoactive substances with great avidity when possible (Siegel, Ronald, 1990). In fact, Siegel considers this conduct a fourth instinctual instance of animal biology, as if life tends spontaneously towards a broadening of perceptions and a concomitant amplification of consciousness. It becomes difficult, then, to extract man from this vast biological movement that embraces all animal life.

Indigenous Knowledge

Our observations in the Peruvian Amazon yield a supplementary fact: not only do the natural psychoactive substances used by indigenous peoples not generate dependence, but they are utilized to treat the modern phenomenon of drug addiction. This changes the way we understand toxicity; the Western obsession with "substances" (drugs) is replaced, or at least accompanied by, the concepts of the set (the subject, including genetic predispositions, life history, and preparation) and setting (ritualized or not). Indeed, psychoactive substances may be a treatment for "drug addicts," a fact that still seems paradoxical or impossible even to the specialists in question. And yet, the facts are there.

This phenomenon also works for ethnic groups strongly affected by substances such as alcohol, which represents for them, inversely, an imported product removed from its context. Hence, the healers of the Peruvian coast treat their alcoholics through the ritual use of the mescaline cactus with a high rate of success (around 60%, after five years) (Chiappe, Mario, 1976). The Native North Americans reduce the incidence of alcoholism in their reservations considerably and quite rapidly by reviving their ancestral practices, including the ritual use of peyote and tobacco (Hodgson, Maggi, 1997).

The ritualization of induced modifications of consciousness, with or without substances, establishes a universal symbolic frame within which these experiences acquire significance by allowing the individual to inscribe himself within a model of cultural integration. In indigenous groups, then, such experiences frequently accompany rites of passage, particularly at adolescence, permitting the youth's appropriation of the discourse, images, and myths generated by the community. It is evident that the fundamental lack of cultural consensus in our fragmented postmodern society, along with the desacralization of the lived interior and exterior, and the disappearance of all authentic rites of passage, leaves us without the means to integrate experiences of altered consciousness. In other words, the drug user sets off randomly with neither compass nor map, often finishing badly.

These considerations lead to the following conclusion: not only must we no longer take a position of passive tolerance toward an inevitable consumption of psychoactive substances, but, on the contrary, we must actively explore the coherent therapeutic use of psychoactive substances without effects of dependence. Even more broadly, we must be open to every induction of altered states of consciousness through diverse methods (such as music, dance, fasting, isolation, physical exercise, pain, etc.) This calls for the application of therapeutic techniques that create both a space of temporary containment and an authentic symbolic frame which, as in the indigenous ritual space, integrates therapists and users. Traditional peoples also teach us that substances consumed in their natural form, used with respect to the body's digestive natural barriers (that is, orally) *do not induce dependence, in spite of their powerful psychoactive effects*. The risk of toxicity is also lower because their active principles are similar, if not identical, to the neuromediators naturally secreted by our bodies. In case of overdose (which is generally difficult to produce given the extremely disagreeable flavor of the beverages), these substances are eliminated naturally by vomiting. This self-regulating phenomenon provides for safe prescription and is an integral part of the expected effects of ingestion, as well as those of purgation-detoxification (hence their special role in the domain of drug addictions). The context of ingestion requires rigorous dietary, postural, and sexual regulations. In the course of successive ingestions, sensitivity increases instead of creating a habit. As a result, the doses gradually decrease: their use in addiction therapy *is not, then, a simple substitution*.

It is remarkable that no visionary natural substance is addictive. Visions seem to be the proof of sufficient cortical integration, of a metabolization of the symbolic charge revealed during the experience of altered consciousness. Entheogenic substances (also misnamed hallucinogens) are hence among the best of those that may be used in a therapeutic setting. This has already been attempted in psychotherapy (LSD, MDMA, Harmaline, DMT, etc.), but generally without an integrating symbolic frame (or ritual space), without engaging the therapist in the method, with synthetic or semi-synthetic substances or extracts, and through processes of assimilation that violate physiological barriers (injections).

Ayahuasca

This highly psychoactive ancestral beverage is situated at the heart both of the empirical medicinal practices of Amazonian cultures and, recently, of explorations of the therapeutic potential of medicinal plants, in particular in the domain of psychopathology, including drug addiction therapy. The pharmacological sophistication of this preparation reflects the high degree of understanding of the Amazonian peoples, who are proven to have discovered MAOIS at least 3,000 years before Westerners. Tryptaminics and carbolinics, the major active principles of Ayahuasca, are present in many natural secretions as well as in the central nervous system (pineal gland) (Mabit, Campos, Arce, 1993).

The entheogenic or visionary effects of this beverage have been hastily called "hallucinogenic," stigmatizing a product which could be a significant study of research. Its potential as such risks being dismissed out of ignorance by the academic community, due to a stance less indebted to scientific rationality that to the collective fears of society. We have argued that the images stimulated by the use of Ayahuasca in a therapeutic context symbolically manifest the content of the unconscious. Moreover, these images are not without object (be it psychological) which differentiates them completely from the "illusions without object" that are by definition "hallucinations" (Mabit, 1988). The exploration of the unconscious through Ayahuasca permits the rapid extraction of extremely rich and highly coherent psychological material, which can then be worked through

various psychotherapeutic methods. Visions, like dreams, indicate the beginning of an integration at the superior cortical level.

The effects of Ayahuasca are not merely visual, but embrace the entire perceptual spectrum, as well as the non-rational functions tied to the right brain and to the paleoencephal or so-called reptilian brain. The patient's clinical experience fosters the development of not only the projective but also the integrative functions of symbolization, authorizing the progressive readjustment of personality structures. These explorations touch cross-cultural psychological depths and, hence, may be applied in extremely broad and varied contexts of human life.

After the observation for 15 years of more than 8,000 instances of Ayahuasca ingestion under specific conditions of preparation, prescription, and therapeutic follow-up, we can affirm that the ingestion of these preparations has a wide range of indications, with a total absence of dependence. The expansion of the perceptual spectrum, which simultaneously engages body, sensations, and thoughts, permits the de-focalization of the ordinary perception of reality, thus allowing the subject to confront his habitual problems on his own and from a new angle. The intense acceleration of cognitive processes which accompanies this process may permit the subject to conceive of original solutions that fit his personality.

The Takiwasi Center: A Pilot Project

Our ignorance in regards to the controlled induction of altered states of consciousness could greatly benefit from ancestral medical knowledge. The master healers of various traditions are ready to transmit their heritage to those willing to learn and to embark on a path of initiation. Six years of teaching beside Amazonian healers has led us to develop a therapeutic method using the controlled modification of states of consciousness. Our system is based on ancestral techniques involving medicinal plants and natural methods of detoxification, sensory stimulation, and sensory deprivation. This pilot project attempts to combine ancestral knowledge with contemporary psychotherapeutic practices, working under the guidelines of ethical considerations and the requirements of the Western mentality.

The program, in which no method of coercion is exercised, accepts groups of no more than 15 voluntary patients. The location is a park of more than 2 hectares (about five acres), bordered by a river, just outside of the city of Tarapoto, in the Peruvian High Amazon, in the piedmont of the Andes (Mabit, Giove, Vega, 1996).

The therapy is based on a three-part method which includes the use of the plants, psychotherapy, and community life. The guided experiences of altered consciousness generate psychological material which is reworked in the psychotherapy workshops and directed towards its concretization in community life. Inversely, everyday activities supplement the therapeutic sessions (with or without plants).

The initial use of purifying, sedative, and purgative plants reduces withdrawal syndromes, rendering any return to psychotropic medication during the stay unnecessary.
Then, the psychoactive plants intervene, powerfully facilitating the psychotherapy. From the brief sessions to the 8-day isolation in the forest with rigorous rules for food, sex, external contacts and daily activities, each ingestion of psychoactive plants is governed by specific conditions. Each session is also facilitated by a trained therapist, and clearly inscribed into a precise and rigorous symbolic frame, which improves the chance of success for the session and its subsequent integration into the subject's life.

These techniques permit the exploration of buried memories and the re-emergence of censured situations or events. These "revelations" both relieve the addict's conscience and motivate him to face his sickness. A temporary reduction of critical functions and discriminations facilitates the cathartic expression of emotions. These experiences, with the help of psychotherapeutic work, may then correct the defective formation of the subject's emotional expressions and ideals. By plunging under the veils of ordinary consciousness and unblocking the paths of access to the deep Ego, this exploration of the subject's interior universe brings out rich material, in contrast to these patients' often insufficient symbolization. During the subsequent sessions, the subject will learn to translate and to interpret this material in order to explore subsequent dreams on his own. Dream life is stimulated by these practices, also benefiting the patient. One also observes an acceleration of cognitive processes and an amplification of the attention-span and of the depth of mental concentration.

The clearly defined context, supplemented by a carefully regulated lifestyle, invites the resident to implement the knowledge obtained by this work. Hence, the Takiwasi space constitutes a laboratory in which the residents are at once the observers and the subjects of their observation. The medicinal plants play the central psychotherapeutic role, while caretakers offer guidance and security. The users are guided into liminal, or symbolically transitional, experiences in which they visit their interior gods and demons. These experiences simultaneously involve the subject's psychological state, the whole range of emotional sensations, and the spectrum of his psychological perceptions. In these experiences, existential questions may come to light and demand an engaged response. The guided and cathartic process can help the individual to transcend his or her ordinary mindset and access somatic memories. In the best cases, the individual is able to transcend the Ego, which can allow a healthy deflation of the Ego, a reconciliation with human nature, and an acceptance of our modest inscription in time and in matter, which is nevertheless exciting because of its perceived meaning. In other words, this is a process of initiation; it is a semantic experience which carries meaning that can respond to the chaotic and disorderly quest of the drug addict, which may be seen as a path of counter-initiation or as a savage initiation (Mabit, 1993).

This therapeutic method does not, then, simply focus on abstinence, but it also offers an adequate alternative. This alternative method, which respects altered states of consciousness, is able to respond to the drug addict's quest by furnishing it with clear ends and with non-dangerous means to reach them. This process supposes an internal structural change which goes beyond the palliative of a simple external behavioral change, which is never totally satisfying and most often ineffective.

The duration of the stay is, in general, nine months, and the follow-up is ideally two years. Takiwasi has received patients of all social and cultural origins. The techniques, which mainly demand self-exploration through the senses, do not require any analytic verbalization or integration, which represents an enormous therapeutic advantage. One may even say that these experiences of altered consciousness give access to ineffable, inexpressible trans-verbal spaces, which are as much pre-logical or infra-verbal as they are ecstatic or supra-verbal. Here, the local alcoholic peasant meets the European college student dependent on pot, the urban bourgeois who functions on cocaine, the dealer addicted to a cocaine-based paste, or the delinquent pathological liar who smokes crack. To the contrary of what certain theorists say, the exploration of the interior universe by these methods does not require that either the therapist or the subject belong to the native culture of these practices. Rather, these practices give access to personal intra-psychical symbols which remain coherent to the subject and which touch depths that could be called transcultural by virtue of reaching universal psychological complexes (love, hate, rejection, abandon, fear, peace, etc.). At the same time, the accompanying psychotherapy allows the patient to better understand the experience of the session, to integrate it, generate new questions, and

enrich the following session. We have now mastered these techniques ourselves, and we make use of them with patients from cultures other than our own. They are accessible to any Western therapist willing to fulfill the requirements of their long apprenticeship.

Results

Since its founding in 1992, the Takiwasi Center has received more than 380 patients. One study has just been made (Glove, not yet published) of the first seven years of activity (1992-1998), examining drug addicts or alcoholics having completed at least one month of treatment and with at least two years of time out of the clinic – a sample of 211 courses of treatment (175 first-time patients and 36 returning patients). Note that the results of this study do not include data on the 32% of patients who leave during the first month before the first ayahuasca session, when the treatment is not yet considered to have started. 28% reached the 6th month of treatment, and 23.4% finished the entire treatment.

Two-thirds of the patients consumed mainly a highly addictive and debilitating cocaine-based paste. 80% consumed alcohol alone or in addition to other drugs. More than half of the patients (53.5%) had already tried treatment, one-third of which had tried psychiatric services. For 49%, the gateway drug was alcohol, and for 42%, cannabis. The average age was 30 years and the average duration of consumption of psychoactive substances at the time of entrance was 12.5 years.

At 31.3%, with a tendency to augmentation, the index of retention (percentage of prescribed exits out of total exits) gives proof of the relative acceptance of this therapeutic method. The voluntary exits make up the majority (52%) compared to ¼ prescribed exits (23%), ¼ runaways (23%), and the rare expulsions (3%).

The evaluation of the results integrates qualitative givens, as well as the incidence of abstinence or relapse due to poor prognostic criteria. One should note that the patients leave free of any post-residential medication. In addition to the evaluating the relation to addictive substances, especially those that the subject consumed before, we consider personal evolution (internal structural change), the indications of social and professional reintegration, and the capacity for familial (re)structuration. According to these criteria, we may distinguish three categories:

- "good": favorable development, problems apparently resolved thanks to an true structural change manifested upon several life levels.
- "better": favorable development with evident structural changes, but vestiges of the original problem still present.
- "same or bad": relapse of consumption of substances, although often more discrete, no convincing structural change, frequent abandonment of substances for alcohol.

Out of the total, then, 31% were "good" and 23% "better," while 23% were "same or bad" and 23% unknown. With hindsight, we can affirm that about 35% of those who have lost contact with the Center are, in the end, "good" or "better" (that's 8% of the total), which means that about 62% of the patients have, in the end, positively benefited from the follow-up of the model proposed at the Takiwasi Center. When one only takes into account the sample of the patients with "prescribed exit," (those who have completed the entire program) the positive results are raised to 67%.

When the patients relapse or simply re-offend, 55.5% return to Takiwasi and 26% find other local practitioners of traditional medicine, which demonstrates their high opinion of this approach. When this occurs, purgative plants are more solicited than psychoactive plants. This choice demonstrates the absence of dependence on the psychoactive substances.

This method, officially recognized by the Peruvian authorities, has expanded into a number of programs including educational programs (for students), psychiatric and anthropological research, and outreach (written and audio-visual media, and seminars for personal development).

Conclusion

The mere repression of drug consumption represents a simplistic approach to the problem, with demonstrated ineffectiveness as a therapy. We may well call it illogical and even immoral since it omits the substances that are currently the most deadly (alcohol and tobacco). In addition, the accelerated development of new substances on the market outstrips any repressive attempt at control and relegates the game of penal interdictions to failure. We are hence condemned to approach the problem under another angle, whether we want to or not.

Similarly, if harm reduction and substitution only indicate proof of failure and a last-ditch effort of pure social convenience, they are also, in our view, reprehensible and morally dubitable. This is because they consecrate a tacit rejection of healing, and the officialization, in manner of speaking, of a population of second class citizens tolerated for lack of a therapeutic alternative.

The high degree of diffusion of the drug phenomenon in the 50's and 60's was born of the contact between a few intellectuals with traditional peoples, and, in particular, of North Americans with Amazonian Indians (Ginsberg, Leary, Alpert, etc., -- see Leary, Metzner, Alpert, 1964). These intellectuals believed that they could appropriate ancestral knowledge while only retaining the physical substance, reducing "the approach of the gods" to the consumption of an active principle, playing neurochemists like apprentice sorcerers (see Leary's delirious work, 1979). This oversimplified view of substances and their potential has generated a terrible drama. The phenomenon of substance addiction is characteristic of Westernized societies and continues to be practically unknown in indigenous populations or among peoples free from prolonged Western influence.

By approaching this ancient knowledge with respect and careful study, it seems possible to reinstate an authentic relation with the Mystery of Life by returning to true paths of initiation. By validating the legitimate quest of the drug user and redirecting it into a structured, meaningful experience, perhaps we may avoid the lax defeatism of the "anything goes" attitude as well as the rigid and useless bellicosity of "everything is forbidden."

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