A large-scale survey of Ayahuasca consumption in Europe: overview and perspectives

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Introduction
The different consumption modes for European people

in the Amazonian context:

- Within Indian tribes, as near as possible to the “original” context
- In Healing Centers

in Europe:

- neo-“vegetalismo”: indigenous-style with private neo-Ayahuasqueros (Tupper 2009).
- Religious structures: Santo Daime (SD) or União do Vegetal (UDV)
- Psychedelic communities
Rationale for Clinical Study

Ayahuasca and Public Health

There are numerous reasons to conduct well-designed clinical studies on ayahuasca and human subjects:

- Possible therapeutic applications: Addictive behavior, mental illness, loss of quality of life (Bouso and Riba 2013, Labate et al. 2010)

- Possible public health concerns: The use of Ayahuasca and public literature about it are exponentially growing, along with the potential for adverse reactions

- Carefully encadered settings: We need to study the safe use of Ayahuasca in order to better understand its potential benefit for public health
The legal status of Ayahuasca in Europe

- Disparities between countries, "grey area" between:
  1/ DMT and plants containing it and
  2/ DMT concentration in the beverage

- France seems to be the only country in the world to have explicitly prohibited the major plants that contains DMT and to have classified the SD-churches as sects (Rapport au Premier Ministre 2009, Miviludes 2010)

Except for some SD-churches in the Netherlands, the context remains illegal in Europe (Labate and Feeney 2012) and is explicitly illegal in France
The social context in Europe

In the actual context, it is impossible to have a precise idea about the people in Europe who have or have had contact with these plants:

Due to potential social stigma and punishment by law, Ayahuasca users prefer to remain discrete.
The aims of the study:

- Who are the Ayahuasca users in Europe?

- What are its main effects, benefits or drawbacks?

- Is there any change in the quality of life of the users, and in any addictive behaviour that could be linked to their contact with Ayahuasca?

- Is there a possible correlation between the mode of consumption and the outcomes?

- Can we use the results to create an official healing center project (Casa de Cura) in a European country such as Switzerland?
Material & Method

The Survey
- Self-assessment of disease severity (using self-assessment tools)
- 7-point scale
- 5-point scale on a 1000 point scale (0-6, 7-12, 13-18)
- 0: mild
- 1: moderate
- 2: severe
- 3: extremely severe

Sample:
- EU and EU/AA residents
- No age restriction
- Data collected: 3 months (April 23rd to August 23rd 2014)
- Participants were assured of their anonymity. The study conformed to the Swiss Ethics Commission on research involving humans.

The distribution mode (Q29)
- Web-based questionnaires
- E-mails for diffusion of questionnaires and publication on Websites
- QR codes
- Banners on Facebook, Twitter, and Instagram
- 5-point scale on a 1000 point scale (0-6, 7-12, 13-18)
- 0: mild
- 1: moderate
- 2: severe
- 3: extremely severe
- 4: very severe
- 5: extremely severe

The distribution mode (1/2)
- E-mails for diffusion of questionnaires and publication on Websites
- QR codes
- Banners on Facebook, Twitter, and Instagram
- 5-point scale on a 1000 point scale (0-6, 7-12, 13-18)
- 0: mild
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- 4: very severe
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The distribution mode (2/2)
- Web-based questionnaires
- E-mails for diffusion of questionnaires and publication on Websites
- QR codes
- Banners on Facebook, Twitter, and Instagram
- 5-point scale on a 1000 point scale (0-6, 7-12, 13-18)
- 0: mild
- 1: moderate
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- 3: extremely severe
- 4: very severe
- 5: extremely severe
The Survey

- Self-administered online survey (limequery.com)
- totally anonymous
- 54 questions translated into 4 languages (EN, FR, PT, ES) with 7 main sections:

1/ socio-economic status
2/ first contact with Ayahuasca
3/ subsequent contacts
4/ any prior addictive behaviours
5/ benefit or drawbacks described
6/ current quality of life (WHOQOL BREF, with the official authorization of the WHO)
7/ reasons for possibly stopping Ayahuasca use

An independent analyst analyzed the data
Sample:

- EU and EFTA-states residents
- No age restriction
- Data collection: 4 months (April 23rd to August 23rd 2014)
- Respondents were assured of their anonymity. The study conformed to the Swiss Ethics Committees on research involving humans
The distribution mode (1/2)

Exclusively by the Internet

By emails for diffusion (Newsletters and publication on Websites), via:

Posts on forums of psychedelic organisations:
- psychonaut.com, psychonautical.net, forums.ayahuasca.com, psiconautica.forumfree.it, Ayahuasca-forum.ch...

Facebook pages:
- SD-churches & communities in Europe (x7,000 "likes", open & private groups),
- "Ayahuasca" (x78,000), "Ayahuasca English" (x12,000) & "Deutsch" (x3,000)
The distribution mode (2/2)

- NGOs including ICEERS, NEIP, MAPS...
- Authors, Researchers, film producers, personal contacts...
- 30 Websites according to search engines (Google), including Shamans private Websites & FSS, including in Latin America for their patients from Europe:- SD in Europe (+-10 Websites)
- UDV (uniaodovegetal.org.br, udv.org.br) for asking for distribution in Europe: the Centro Espirita Beneficente Uniao do Vegetal answerd me officially via ail not willing participate at this study, so in the results of this study, all the religious approches will concern only SD

takiwasi.com, wasiwaska.org, .ayahuasca-wasi.com, yage.net, karmapolis.be, ayahuasca-info.com, ayahuasca.com, ayahuasca.nl, essentiallight.org, arutam.free.fr, erowid.org, plantaforma.org, shamanism.org...
Results
Socio-demographic characteristics

Missing data: 808 answers, among 208 incomplete surveys: n = 600 complete surveys
Of the 600 answers, there is a maximum of 3.2% missing data

Gender: 377 are male, 223 are female. The average age is 33, and ages range from 13 to 74

Origin: 50% are living in France, Belgium or Netherlands, 27% are living in Spain, UK or Germany, the rest in other countries.

To summarize:
Taken as a whole, the profile of the responding population is:
- rather young (33 Year old),
- mainly male (63%),
- highly educated (62% have a Bachelor, a Master or a Doctorate),
- working in Human health (22%) or in Art and recreational activities (13%),
- they mainly live in France, Belgium, Netherlands, Spain, UK and Germany (77%)
- and their family situation is mainly single or in relationship without children (35%).

13 people mentioned having stopped using Ayahuasca
Professions

- Human health: 132
- Arts and recreation: 76
- Communication: 61
- Education: 58
- Other: 273
Level of study (NQF level)

- Bachelor, Master, Doctorate (level 6,7,8): 375
- Baccalaureate, HCND, HCT (level 3,4, 5): 144
- GCSET, BSI (level 1,2): 81
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The first contact with Ayahuasca

People heard about Ayahuasca mainly through “word of mouth” (48%), or personal interest and readings (38%)

The first use context was essentially with nea-shamanismo in Europe (40%) or Santo Daime (23%)

The motivation was essentially personal development (55%), spiritual quest (54%) and/or healing purposes (53%)

93% of the people have had a good or very good memory of this first experience only 1% a bad one

46% had no interview or idea about contraindication; the most informed were in South America (91% informed), the less informed were in medically-assisted or private non-organized groups (36% informed)
Cross-responses between the first contact and the subsequent ones

The tables below present the context and the frequency in which the people have used or are using Ayahuasca. In the 600 answers, there is a maximum of 3.2% missing data.
First contact vs types of memory

- **Retreat in South America (n=122)**
  - Good or very good memories: 114
  - Bad memories: 3
  - Other: 5

- **Private organized or non-organized groups in Europe (n=280)**
  - Good or very good memories: 268
  - Bad memories: 12
  - Other: 12

- **Santo Daime (n=140)**
  - Good or very good memories: 123
  - Bad memories: 4
  - Other: 13

- **Other (n=58)**
  - Good or very good memories: 50
  - Bad memories: 0
  - Other: 8

- **Total (n=600)**
  - Good or very good memories: 555
  - Bad memories: 21
  - Other: 38
Change in behaviour in everyday life vs context of Ayahuasca use

- Improvement (get better)
- Declination (get worse)
- No change

Retreat in South America (n=122)
- Improvement: 96
- Declination: 3
- No change: 23

Private organized or non-organized groups in Europe (n=280)
- Improvement: 215
- Declination: 9
- No change: 56

Santo Daime (n=140)
- Improvement: 122
- Declination: 2
- No change: 16

Other (n=58)
- Improvement: 47
- Declination: 3
- No change: 8
Change in behaviour in everyday life vs frequency of Ayahuasca use

- Improvement (get better)
- Declination (get worse)
- No change

11 to 20 times and more (n=141)
- Improvement: 115
- Declination: 7
- No change: 19

4 to 10 times per year (n=160)
- Improvement: 107
- Declination: 4
- No change: 49

2 or 3 times per year (n=122)
- Improvement: 69
- Declination: 4
- No change: 49

Rarely (less than 1 time per year) (n=105)
- Improvement: 56
- Declination: 6
- No change: 43

Just once (n=72)
- Improvement: 32
- Declination: 4
- No change: 36

Total (n=600)
- Improvement: 379
- Declination: 25
- No change: 196
Ayahuasca and quality of life

Statistically, the quality of life of ayahuasca users is improved in all domains:

"Did you experience some benefit from your use of Ayahuasca in your quality of life, outside the sessions?"

Yes:  522 (87%)
No:   43 (7%)
Other: 35 (6%)

Especially on "general scale" (89%), in "social life" (80%) and in "health" (63%)
WHOQOL-BREF: Ayahuasca consumers vs control ("healthy subjects")

- Ayahuasca subjects

Comparison of quality of life scores between Ayahuasca consumers and control group in different domains:
- Environment (n=497)
- Physical Health (n=507)
- Psychological (n=495)
- Social Relationship (n=479)
Ayahuasca use and addiction behaviour

The Tables below present the number of people who have suffered from addictive behaviour and whether the use of Ayahuasca changed their addiction or not.

Almost half of the responses reported an addiction to alcohol, tobacco or cannabis, and an addiction to hard drugs is not rare (10%).

An improvement linked to these addictions is to be highlighted: 73% reported a decrease of their alcohol addiction, and 63 to 71% a decrease of their addiction to hard drugs.
Ayahuasca use and addiction behaviours (1/2)

Relationship between Ayahuasca use and addiction behaviour

- **Alcohol (n=258)**
  - Decrease (Better): 190
  - No change: 66
  - Increase (Worst): 2

- **Cocaine (n=62)**
  - Decrease (Better): 44
  - No change: 16
  - Increase (Worst): 2

- **Tobacco (n=242)**
  - Decrease (Better): 125
  - No change: 109
  - Increase (Worst): 8

- **Cannabis (n=221)**
  - Decrease (Better): 131
  - No change: 81
  - Increase (Worst): 9

- **Ecstasy (n=58)**
  - Decrease (Better): 37
  - No change: 17
  - Increase (Worst): 4

- **Socioprofessional (food, work, sport...) (n=313)**
  - Decrease (Better): 199
  - No change: 93
  - Increase (Worst): 21
Ayahuasca and addiction behaviours (2/2)

Relationship between addiction improvement (decrease) and frequency of Ayahuasca use

- Alcohol (n=258):
  - Just once: 43%
  - Rarely (less than 1 time per year): 59%
  - Frequently or usually (11 to 20 times and more): 92%

- Cocaine (n=62):
  - Just once: 22%
  - Rarely (less than 1 time per year): 34%
  - Frequently or usually (11 to 20 times and more): 67%

- Tobacco (n=242):
  - Just once: 38%
  - Rarely (less than 1 time per year): 43%
  - Frequently or usually (11 to 20 times and more): 73%

- Cannabis (n=221):
  - Just once: 35%
  - Rarely (less than 1 time per year): 44%
  - Frequently or usually (11 to 20 times and more): 71%

- Socioprofessional (food, work, sport...) (n=313):
  - Just once: 44%
  - Rarely (less than 1 time per year): 44%
  - Frequently or usually (11 to 20 times and more): 82%
Discussion

Socio-demographic characteristics

Limitations of the study

Benefit in quality of life and age-related addiction

Control or not control?

Can Antidepressant be toxic?

Research in 2015 and how add some notes after so can add more information and take up on your problems.
Socio-demographic characteristics

Accurate representativity: according to the unknown (estimated) number of Ayahuasca users in Europe

Consumers: highly educated, with a good criticism and determinated to heal and/or to get better in the life; far away from the bad reputational image distributed through the Miviludes or some media
Benefit in quality of life and against addictions

The results about the benefit relative to the quality of life seems to confirm the previous studies (Moreira et al. 2013, Skevington and McCrate 2011, Harris and Gurel 2012)

The benefit in term of addictions shows similar results (Bouso and Riba 2013, Borras et al. 2010, Harris and Gurel 2012)

They also confirmed the absence of acute or long-term toxicity (Anderson et al. 2012)
Can Ayahuasca be toxic?

The only documented risk is the interaction between ayahuasca and some SSRIs (selective inhibitors of serotonin reuptake) and MAOIs (MonoAmine Oxydase Inhibitors), used as antidepressants (Guimarães dos Santos 2013)

This risk seems widely unknown

Thanks to ICEERS, as a therapist you can easily offer an exhaustive informed consent and follow-up to your patients (ICEERS 2013)
Control or not control?

1/ The illegality context (legally and socially) induces a lack of control and guidance of the patients, especially those who are the most in need.

2/ It induces a lack of control of the “Neo-Ayahuasqueros” and the potential emergence of improvised, ethically unsatisfying “fake neoshamans” who could abuse their position (Tupper 2009, Loizaga-Velder and Verres 2014).

3/ It also leads to a lack of control of the production and importation, with ecological and ethical impact against the people and the forest in South America in terms of production (deforestation risk) and in terms of intellectual property (Tupper 2009).
Limitations of the study

Volunteer bias

Population bias

Lack of experimental control

General subjective and qualitative nature of the data

In the survey, we enquired the context of the first ayahuasca use, but not the subsequent contacts which could be different
Conclusion

References (1/2)

References (2/2)
The results of this study confirm the experimental results on restricted groups:

The use of Ayahuasca, in controlled and in sacramental rituals, seems to have very interesting and important benefit for patients, with a large impact on public health.

The use of Ayahuasca necessitate carefully structured settings

It is necessary to lead more researches, and to open healing centers supported by research, like the Hoasca project (McKenna 2004, Harris and Gurel 2012, Da Silveira et al. 2005) or some "Casa de Cura" in Amazon and beyond
References (1/2)


References (2/2)


Gratitude

1/ The native people of the rainforest and their shamans, from their origin until their current war against the logic of profit

2/ Casa de Cura Mestre Ireneu in Netherlands, with Padrinho Marcelo Valladao and Madrinha Fatima

3/ José Carlos Bouso (PhD, ICEERS), whose good advice helped me start the survey

4/ and the 600 respondents of this survey!
Thank you for your attention

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