Holding the hand of a screaming man tied to a table in a medical tent, I realized that the situation felt less like psychedelic therapy than it did like a psychedelic Civil War hospital.

On Labor Day weekend, I went to the Hookahville music festival near Columbus, Ohio, with a group of volunteers interested in learning how to help people undergoing difficult psychedelic experiences. We were accompanied by MAPS president Rick Doblin, who helped to organize the project and enlist our team, and by an experienced underground psychedelic therapist, who led a training session for our group.

Hookahville is a three-day camping event celebrating the Ohio band Ekoostik Hookah, and featuring other bands (this year Little Feat and The Wailers also played). Like most big music fest days, Hookahville draws thousands of young people, many of whom enjoy their music under the influence of LSD, psilocybin, MDMA, and other psychoactive substances. With over ten thousand people camped out at Buckeye Lake (an old Grateful Dead venue), more than a few end up overwhelmed, disoriented, and occasionally panicked.

Working under the supervision of Hookahville’s medical staff, we created the Serenity Tent, a safe space for those in altered states. Over the weekend, we worked with about twenty-five individuals, most of whom were under the influence of MDMA, LSD, or psilocybin, often in combination and/or in combination with alcohol or marijuana. By the time they reached our facilities, people were often extremely disoriented, frightened, or agitated. They were sometimes unaware of their surroundings or unable to communicate. Some wandered in, others were brought kicking and screaming by the medical team, some were introduced by concerned friends, and others we found lost and incoherent on the concert grounds.

Our group, composed of volunteers from MAPS, DanceSafe, and Students for a Sensible Drug Policy, tried to help each person in a way most suited to their needs. Often this simply meant providing a quiet place away from the music and crowds, reassuring people and inviting them to feel safe in their surroundings. We helped people face the issues that troubled them, guiding them in a supportive but direct manner. We also encouraged people to use art supplies to express non-verbally some of what was taking place internally.

MAPS also arranged for DanceSafe to conduct on-site pill testing at the venue, identifying adulterants in pills sold as MDMA and providing harm reduction information to concertgoers. We facilitated communication between the DanceSafe team and...
the medics so that the medical staff would be aware of the ecstasy adulterants being ingested.

Everyone we counseled eventually calmed down without requiring a visit to the emergency room or the aid of tranquilizers. We were also able to help some people work on larger problems in their lives, problems that contributed to their having a difficult psychedelic experience in the first place. Helping people face their fears and concerns probably reduced longer-term psychological issues.

According to the medical unit, we reduced the average time individuals were held for observation and relieved pressure on their medical facilities. It also seems likely that more at-risk concertgoers received medical evaluation than would have otherwise; many people seemed to trust our group more than the medical or security teams, and accepted attention from the medics at our recommendation.

At least six people came to the tent under the influence of ecstasy but none suffered from overheating, serious dehydration, or other physical problems. This may be due, in part, to DanceSafe’s efforts to identify fake pills sold as ecstasy. Our staff even heard a report that dealers threw out an entire bottle of pills after discovering that the pills contained not MDMA but DXM, a dissociative which is more harmful than MDMA and can cause dehydration and heat stroke, especially in combination with MDMA and/or alcohol.

The most rewarding work was that of helping people face deeper issues in their lives. One woman who came to us under the influence of LSD arrived in our tent yelling and talking incessantly. Over several hours of gently guiding her to work with her feelings, we learned that she was considering a divorce from an abusive husband, and she feared that she would lose custody of her children. She was shouting without pause to avoid facing her own thoughts, forcing her attention outward. Eventually, as she grew to feel safe with us and in her own thoughts, she was able to let go of her denial, and by the end of the evening she lay in a fetal position, sobbing unrestrainedly. It was a powerful experience for everyone there to see her begin to accept her grief and fear, the first step in coping with her difficult future.

Earlier in the weekend, a young man under the influence of ecstasy came to the tent, feeling fine but wishing to talk about other problems in his life. He had been experiencing panic attacks for two years, particularly when smoking marijuana. The panic attacks dated back to a traumatic experience with LSD, and he worked with our volunteers to understand why he had these experiences, and how to work with and learn from the panic rather than try to suppress it.

We also were able to use our knowledge of psychedelics to assist the medical team. In one case, the medics restrained a young man under the influence of datura, a disorienting and potentially harmful botanical psychedelic. Before the medics were able to get information back from the Poison Control Center, a therapist with our group was able to tell them the duration and physiological effects of the drug. Minutes later, the Poison Control Center reported the same information. We spent about four hours with this person, calming him and helping him achieve a more normal consciousness in a shorter time than was anticipated. We also humanized his treatment. Though he was restrained by the medics, tied to a cot by his hands and feet, he was able to be with his friends, who brought a guitar and sang him a song.

"...we hope that the success of our pilot program will encourage event promoters to consider funding similar programs themselves."
From our perspective, the Hookahville project was very successful in furthering our educational mission. By helping to reduce harms related to psychedelic use, MAPS is acknowledging the risks as well as the benefits of psychedelics. This came through in some local media attention the project received, a large article on the front page of the feature section in the Sunday Sarasota Herald-Tribune on September 9, 2001. The story, headlined “Psychedelic Studies,” focused on our project at Hookahville and on the personalities of the MAPS volunteers from Sarasota who participated. [read online at http://maps.org/media/hookahville.html]

Hookahville was also an opportunity for us to increase awareness of psychedelic therapy and its potential benefits. We were able to teach, and learn, about the theory and practice of “sitting” for those in altered states. It was amazing to participate in the work of simply “being there” for people and allowing them to open up to their experiences.

During the weekend, we also met and strategized with national board members from Students for a Sensible Drug Policy, the heads of local DanceSafe chapters, and other young people who are working on legal, cultural, and health issues regarding psychedelics. Hopefully, this networking will strengthen all of the groups involved and facilitate more collaborative work.

Though MAPS is unlikely to fund projects similar to the “Serenity Tent” in the future, we hope that the success of our pilot program will encourage event promoters to consider funding similar programs themselves. Not only did our presence make Hookahville a safer and friendlier venue, we saved the management considerable time, resources, and police interaction.

It was an interesting experience, and a testament to the necessity of a new model for psychedelic use in our culture. Most of those we helped made it to our tent because they were making poor and uninformed choices. For example, a number of individuals reported ingesting MDMA, psilocybin, marijuana, and a six-pack of cheap beer. I found that my training in coping with psychedelic crises didn’t wholly prepare me for the “let’s get fucked up” attitude I saw around me.

As long as psychedelics are illegal, the contexts in which they are available will continue to be limited. The tools for understanding and working with psychedelic experiences will be limited. For many people, using psychedelics is, like other illegal activities, associated more strongly with self-destruction than self-awareness. Unfortunately, sometimes even those who choose to take psychedelics absorb this attitude, which affects their choices and their understanding of themselves. Criminalization limits the possible interpretations of psychedelic experience, leaving users to a recreational model that does not speak to the emotional or spiritual issues that can arise, or to the process of integrating psychedelic experience into the rest of one’s life.

This was vividly illustrated for me as I sat with a sixteen-year old boy during his first psychedelic experience, a mushroom trip. The medical staff had found him standing rigidly near the stage, oblivious to his surroundings. We stayed with him for hours, sitting with him as he lay quietly in our tent. At the end of the night, he told us he had had a beautiful experience, and would consequently repeat it the following evening. We saw him early that afternoon, just hours after he left our tent, and he reported that he had taken LSD for the first time.
What a shame! Without a cultural context with which to make sense of his experience, without guidance to help make responsible choices, this young man has sought to explore psychedelics in the only way he’s found: haphazardly. Probably he has never had an open, honest dialogue about psychedelics with his parents or his doctor, his teacher, religious leader, or therapist. In a sense, the young people who find themselves in a tent like a psychedelic Civil War hospital really are war victims, casualties of the Drug War that prevents open communication and responsibility regarding psychedelics.

A better model for youthful exploration

In response to our society’s harmful system for educating young people about drugs, MAPS is initiating the Rites of Passage project. In Ohio, we worked with people experimenting with psychedelics as young as 14 and 15 years old. Because those who explore with psychedelics are most often young people, we hope to open dialogues between young people and their parents about the potential value and risks of psychedelic use. This Rites of Passage project is an attempt to find new ways to integrate psychedelics and marijuana into our culture.

Over the coming months, MAPS will be collecting stories of families who value psychedelics for a Rites of Passage section of our website. We are trying to find parents who have introduced their children to psychedelics or marijuana, or children who have introduced their parents to these substances. We’re especially seeking stories told from both generations, in which parents and children can each write about their experiences from their own unique perspectives, with their stories posted together in a family narrative. We want to learn what sort of drug education parents have given their children, or children have given their parents, and how that education was received, believed, and used.

By presenting stories of supportive, responsible use, MAPS hopes to give families a better range of alternatives for talking and thinking about psychedelics and marijuana. With the help of our members, we hope to move the use of psychedelics beyond music fests and emergency tents, and into the realm of scientific research and cultural support.