

TECHNICAL REPORT

AYAHUASCA IN SPAIN

An evaluation
of ayahuasca participants
using public health indicators

EXECUTIVE SUMMARY



**A project of**

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Interest in ceremonial use of ayahuasca is on the rise in Spain and in the Western world in general. The spread of this phenomenon has led to growing interest in several academic fields, such as anthropology, psychology and neurosciences, as well as health professionals in clinical settings, regarding the impacts of these practices on health. The safety and tolerability profile of ayahuasca has been well established from a pharmacological point of view and until now, published research on regular participants in ayahuasca ceremonies using clinical and psychopathological scales consistently highlight positive effects of its use. There is, however, a lack of research on users' behaviour in their daily lives – that is, on their state of health, living habits and level of psychosocial adjustment.

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To evaluate these aspects – not the ones related to possible changes or clinical benefits of regular participation in ayahuasca ceremonies, but rather the impacts of this participation on users' daily lives – this study adopted a methodology based on the use of health indicators. These indicators have wide external and ecological validity. Governments or organizations use them to assess the state of health of the population, as they not only allow them to obtain data on the “real world,” but also make it easy to compare the results of studies on different populations.

Based on our findings, and in view of their importance to public health, we have included a final section in this report focused specifically on recommendations for the development of public policies on ayahuasca.

A series of health indicators were selected for this study and used to elaborate a questionnaire for the survey carried out in-person with 380 individuals who participate regularly in ayahuasca ceremonies. Participants were recruited through various groups that organize ayahuasca ceremonies on a regular basis in different parts of Spain.

Main Findings

Participants were split almost evenly between gender. The sociodemographic profile was: adults (the average age was 44) with a higher education (54.5% of the sample has a graduate degree or higher) and most of them work as gardeners or in the hospitality industry. A slightly higher number of people in the sample live in small urban centres with 25,000 inhabitants or less; the majority of them (34.8%) live with their partner and children. Approximately 25.3% of participants stated that they had experienced financial difficulties in the past six months; this percentage is very similar to the one for the general population in Spain (24%).

Most respondents reported having participated in ayahuasca ceremonies once or twice in the last six months. This indicates that people who take ayahuasca regularly are not doing so compulsively. Compulsive use is a sign of dependence, which is common in the case of drugs of abuse. Even though the media and some messages transmitted by health and anti-drug agencies equate ayahuasca with other controlled drugs, on the contrary, the way it is consumed and the reason for doing so is different from illicit drugs. What is remarkable about ayahuasca ceremonies is precisely the ceremonial aspect: these experiences are not for recreational purposes. Apparently, people go to the ceremonies not to escape from their problems or daily lives, but rather to confront them in order to further their personal growth. In fact, 97.7% of our respondents stated that the use of ayahuasca has had positive or very positive impacts on their lives. As for the use of illegal drugs, close to half of the sample (49.7%) said that they had consumed one of them in the past six months, mainly cannabis. There were also reports of consumption of MDMA (ecstasy), San Pedro cactus or psilocybin mushrooms.

In relation to health, 96.6% of respondents believe they are in good health; this number drops to 74% for the general population. The body-mass index (BMI) of the people in the sample is in the normal range (22.6). The percentage of respondents who reported suffering from chronic illnesses (14%) is low in comparison to numbers for the general population in Spain for the same age groups (56%) and a similar percentage of respondents reported that they have difficulties in performing daily tasks (11.6%). As for problems of cholesterol or high blood pressure, only 10.7% of our sample had one of them, whereas the percentage is slightly higher for the general population (18-20%). The results of the GHQ-12 questionnaire, which assesses the respondent's mental health, showed that most respondents (85.4%) did not show signs of psychological stress. In relation to the use of medication, the majority (57.2%) had not used any in the last six months, whereas 62.5% of the Spanish population uses some prescription medicine, primarily anti-ulcer drugs, paracetamol and acetylsalicylic acid. Furthermore, 56% of respondents recognized having reduced or substituted the use of medicines – especially analgesics, anxiolytics and anti-depressants – since they started attending ayahuasca ceremonies. This opens up a range of therapeutic possibilities in societies where a significant portion of the population takes this kind of medication daily.

The prevalence of sleep problems in the sample (31.2%) is similar to the one found in the general population (20-48%). Individuals who participate in ayahuasca ceremonies also claim to consume more fruit and vegetables daily than the general population and engage

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in more self-care activities, such as meditation or yoga. Similarly, nearly the entire sample (97%) reported having life goals and objectives. As for the perception of happiness, 90.4% of respondents said that they are happy.

The participants in our sample also scored well on adaptation measures and strategies for dealing with stress. The results on their social support measures – which include the number of close relationships, people they can go to in case of an emergency or the feeling of being loved – were also very positive. In fact, more than 95% of individuals in our sample had high levels of social support. These indicators are very important for predicting what their

emotional response will be and how they deal with highly stressful situations: for example, in the case of serious health crises, such as the COVID-19 pandemic. Effective coping strategies and psychosocial adjustment and strong ties to the community are the best predictors of functional adaptation to extremely stressful situations.

Finally, the scores obtained in the values questionnaire show that respondents strongly recognize their own values and practice them in their daily lives. Thus, there was a significant correlation between a high score on the values questionnaire and a similar one on the GHQ-12 questionnaire on mental health, which indicates that psychological stress is not prevalent.

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Conclusion

The fact that our respondents' scores on the health indicators are similar to those of the general population, and even higher on some indicators, should not be interpreted as proof of the existence of a causal relationship between regular participation in ayahuasca ceremonies and better health and psychosocial adjustment. Instead, these results indicate that people who participate regularly in this type of ceremony do not show signs of negative impacts on their health. On the contrary, they have healthy lifestyles and excellent psychosocial adjustment. What this could indicate is that for these individuals, participating in ayahuasca ceremonies is one more self-care practice and part of the search for well-being. Our study provides evidence that the integration of this practice into our modern societies does not pose a threat to public health.

On a practical level, this should mean that instead of criminalizing a practice that is based on a rich cultural tradition and that builds genuine, healthy communities, local governments should establish dialogues with the community to ensure that they develop practices that are as safe as possible for the participants. In traditional societies, it is the community itself who regulates the practices so that in the event of misconduct or abuse, the members themselves punish those who violate the codes. This already happens on an informal basis: the community knows who conducts rituals safely and who charges more money than they should and the knowledge about guides is implicit and fluid. What is lacking is visibility and this visibility can only come from dialogue with the government, which could guarantee the guides legal security to carry out their work. Let us not forget that there is no control of ayahuasca use in Spain. This dialogue between guides and local governments could give rise to a network of mutual cooperation – one that is guided by transparency and trust and that ultimately benefits the community.

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