

The Expansion of Brazilian Ayahuasca Religions: Law, Culture and Locality

Kevin Feeney and Beatriz Caiuby Labate

In the spring of 2006, the United States Supreme Court issued a ruling in *Gonzales v. O Centro Espírita Beneficente União do Vegetal* opening the door for the União do Vegetal (UDV), one of the Brazilian ayahuasca religions (Labate et al. 2009; Labate and MacRae 2010), to import ayahuasca for their religious ceremonies. Ayahuasca is a decoction of two Amazonian plants, *Psychotria viridis* and *Banisteriopsis caapi*, which has historically been used by indigenous and mestizo Amazonians in shamanic and healing rituals, among other contexts. In the twentieth century, the use of ayahuasca was adopted by several Christian religious groups which have since become well established in Brazil, and which currently have a presence throughout Europe, and North and South America (Labate and Jungaberle 2011). The expansion of these religious groups has drawn attention due to their use of ayahuasca, which contains dimethyltryptamine (DMT), an internationally controlled substance (Labate and Feeney 2012; Tupper and Labate 2012).

The response to the international expansion of the Brazilian ayahuasca religions has been one of unease among states where these groups have emerged. However, the suppressive responses to these groups, based on “illicit drug use and drug trafficking,” raise complex questions about law, culture, and locality in a world that is increasingly marked by transnational cultural flows and mobile populations. So far, these responses have found support in international law like the United Nations Convention on Psychotropic Substances, which allows limited use of controlled substances by geographically bound “traditional” groups, but prohibits use that falls outside of these groups and their territories.

K. Feeney (✉)

Washington State University, College Hall #215, Pullman, WA 99164, USA

e-mail: kevinmfeeney@gmail.com

B.C. Labate

Center for Economic Research and Education - CIDE Región Centro, Circuito Tecnopol

Norte s/n, Col. Hacienda Nueva, 20313, Aguascalientes, Ags, Mexico

e-mail: blabate@bialabate.net

While globalization is not a recent phenomenon, the rapid transmission of goods, ideas, and populations, as facilitated by modern technology, is unprecedented in the history of humankind. As populations and cultural forms become increasingly mobile, different values and traditions will eventually come into conflict, possibly leading to criminal sanctions against behaviors and practices of cultural and religious minorities. In order to describe and examine the expansion of ayahuasca traditions, and the resulting implications for international exchange and movement of peoples, this chapter will analyze the mechanisms of international drug control as well as their potential impact on transnational communities and cultural forms. Finally, we will suggest ways in which international law can be adapted in order to achieve its goal of preventing drug-related health problems while simultaneously maintaining international respect for human rights and cultural diversity.

International Drug Regulation

International regulation of “illicit” drugs is currently founded upon three United Nations Conventions: The Single Convention on Narcotic Drugs (1961 Convention), The Convention on Psychotropic Substances (1971 Convention), and The Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (1988 Convention). The purpose of these treaties is to employ international cooperation in order to “prevent and combat” the “evil” of drug addiction (1961 Convention, Preamble), though no definition of the term “addiction” is ever offered. As international treaties, each of these Conventions seeks to accommodate certain realities of signatory states, although such accommodations are limited.

The 1961 Convention allowed states with traditional uses of cannabis, coca, or opium to temporarily reserve the right for individuals within their territorial boundaries to continue traditional uses, with the caveat that use would be eliminated within 15–25 years of the Convention’s ratification (Art. 49). The 1961 Convention also allows limited and regulated production of cannabis, coca, and opium for research and development of pharmaceutical medicines. This is in line with the Convention’s recognition that “the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes” (1961 Convention, Preamble). In this sense, the Convention is seen as serving a dual purpose: first, combatting addiction; and second, ensuring continued access to effective pain medications.

The 1961 Convention pushes a strong “modernist” agenda, one supposedly aimed at eliminating “antiquated” (bad) practices and replacing them with modern (good) practices, as illustrated by the time-limited exemptions for use of cannabis, coca, and opium preparations (Art. 49, sec. 2). These conceptions grew out of a particular era where many in the West thought of the traditions and cultures of the developing world as “backwards,” and sought to explain why Western civilization had “advanced” while the rest of the world remained stagnant. Edward Said (1978)

famously explored and analyzed narratives such as Orientalism that dichotomized the world and helped explain how some cultures were seen as simple and primitive while others were considered progressive; narratives that often helped justify political projects grown from imperial and colonial contexts. In addition to race and geography, “drug use” has also been a popular explanation for “degenerate” and “primitive” cultures. This is aptly illustrated by comments made in 1949 by Howard B. Fonda, head of the UN Commission of Inquiry on the Coca Leaf, tasked with investigating the practice of coca chewing and any potential health consequences associated with its use. Prior to the start of the investigation, Fonda gave an interview in Lima where he explained, “We believe that the daily, inveterate use of coca leaves by chewing . . . not only is thoroughly noxious and therefore detrimental, but also is the cause of racial degeneration” (Jelsma 2011, p. 2). In concluding his comments he stated additionally that, “Our studies will confirm the certainty of our assertions” (Jelsma 2011, p. 2; see also Metaal, this volume). It should be clear from Fonda’s comments that he viewed the Andean cultures as inferior to his own, and we might further speculate that he believed that coca chewing contributed to the “failure” of these cultures to achieve “modern” or “developed” standards of living. Ultimately, the implication of the 1961 Convention—while allowing a brief period for “undesirable” drug use to be extinguished—is that the world should move towards a homogenous and uniform understanding of the use of psychoactive substances, and that modern biomedical attitudes should prevail over diverse cultural understandings of the complex and multifaceted relationships between humans and plants.

Similarly, the 1971 Convention permits signatories to make reservations for “plants growing wild which contain psychotropic substances. . . which are traditionally used by certain small, clearly determined groups in magical or religious rites” (Art. 32, sec. 4). This provision reflects a view that exemptions for psychoactive drug use are acceptable if they are confined to a specific locality, and to a determined cultural group. This notion is mirrored by language in the 1988 Convention which asserts that “The measures adopted shall respect fundamental human rights and shall take due account of traditional licit uses, where there is historic evidence of such use” (1988 Convention, Art. 14, sec.2). So, in addition to the geographical and cultural limitations of the 1971 Convention, the 1988 Convention adds the requirement that there be “historic evidence” in order to allow continued use of internationally controlled substances. Strangely, however, neither the 1971 nor the 1988 Conventions specifically prohibit any psychoactive plants.

When taken together, these treaties imply that use of psychoactive substances is only permissible where “traditionally used by certain small, clearly determined groups” (1971 Convention, Art. 32, sec. 4), and “where there is historic evidence of such use” (1988 Convention, Art. 14, sec. 2). While couching this international approach in terms of respect for “fundamental human rights,” these conventions are premised on the notion that “traditional uses” will be phased out, either by the explicit timelines set forth in the 1961 Convention, or by the static and geographic notions of culture implicit in these treaties when viewed as a whole (see also Tupper

and Labate 2012). These, and other implications arising out of these treaties, require further examination in light of current global realities.

The first major implication of international drug law, as outlined by these three treaties, is the notion that only long-standing traditional substance use by a particular cultural group is permissible, an idea that suggests that practices with a lengthy history are somehow more authentic, or more “cultural” than more recent manifestations. Next is the notion that culture is a static and discrete coherent whole that is attached to a specific definable territory. Related to this is a presumption that these cultures are no longer capable of increasing the scope of their population and influence, and that the future of these groups is limited; a supposition which may have contributed to the argument for allowing limited exceptions in the first place. Finally, there is the presumption that pharmaceutical drug preparations are safer and more effective than traditional plant preparations. Each of these assumptions, which appear to be founded in ethnocentric perceptions of the virtues of modernity, will be explored below through an examination of the rapidly expanding Brazilian ayahuasca religions.

The Origin and Spread of Brazilian Ayahuasca Religions

The ayahuasca religions arose in the beginning of the twentieth century in Brazil when the rubber booms of the early 1900s and the 1940s brought working class Brazilians into contact with the various indigenous groups of the Amazon. Through this contact, the rubber tappers were introduced to the healing and visionary properties of ayahuasca, a brew used in shamanic rituals among a variety of different Amazonian peoples (Labate and MacRae 2010). When the rubber market in Brazil bottomed out, many of the rubber tappers who found themselves out of work returned to urban life. One of them, an Afro-Brazilian by the name of Raimundo Irineu Serra, brought ayahuasca with him when he returned to urban life in Rio Branco, the capital of the state of Acre (Cemin 2010).

Mestre Irineu is credited with founding the first of the Brazilian ayahuasca religions, Santo Daime, which emerged in the 1930s in Rio Branco. The Santo Daime church was formally established in 1945, and received government recognition in 1971, the same year that saw the passing of Mestre Irineu. Santo Daime, like the other ayahuasca religions, combines elements of folk Catholicism, Afro-Brazilian religions, European esotericism, and indigenous shamanism (Cemin 2010; Labate and MacRae 2010; MacRae 1992). Although Santo Daime has its origins in the Amazon Basin, its emergence was intimately connected to the international rubber market, which, at its height, brought rubber workers into contact with the indigenous population and, with its collapse, brought the rubber workers, along with their knowledge and use of ayahuasca, back to urban centers. As a result, Santo Daime can be seen as arising out of intercultural exchange and internal migrations influenced by international markets (Afonso n.d.); processes that transcend the purely local.

One of the other ayahuasca religions, União do Vegetal (UDV), arose independently from Santo Daime, although under similar conditions. José Gabriel de Costa, or Mestre Gabriel, who had been a rubber tapper in the Amazon in the 1940s, established the UDV in 1961. This religious movement was formed in Porto Velho, Rondônia, a state neighboring that of Acre, where both Santo Daime and Barquinha (another of the Brazilian ayahuasca religions) originally emerged. Mestre Gabriel continued to lead the UDV, the most institutionalized of the three religions, until his death in 1971 (Brissac 2010; Goulart 2010).

The death of both Mestre Irineu and Mestre Gabriel in 1971 resulted in a series of fissures in their respective religious groups. The process of segmentation and expansion that followed led to further diversification, resulting in the spread of both Santo Daime and the UDV throughout Brazil from their meager origins (Labate et al. 2009). In 1985, the Brazilian government began a process of investigation into the religious use of ayahuasca in order to determine how best to address the practices of these emerging religious groups. Since that time, a series of resolutions has been generated in consultation with the ayahuasca religious communities in order to recognize the practices of these groups and also to set regulatory parameters for the use and handling of ayahuasca (Labate 2011; Labate and Feeney 2012). Efforts are currently underway to have the religious use of ayahuasca recognized as part of Brazil's cultural heritage (Labate 2012), a designation successfully adopted by Peru in 2008 (National Directorial Resolution 2008).

ICEFLU, one of the branches of Santo Daime that emerged following the death of Mestre Irineu (also known formerly as Centro Eclético da Fluente Luz Universal Raimundo Irineu Serra [CEFLURIS]), espouses a strong expansionist ideology based on the idea of indoctrination (Groisman 2005; MacRae 1992). According to Groisman (2005, p. 91), the notion of indoctrination among the Santo Daime membership is connected with the idea of spirits, and the actual "expansion of Santo Daime is considered... a 'spontaneous' process... directed by a spiritual force." Although members of Santo Daime outwardly frown upon proselytism and generally do not invite others to participate in their ceremonies, the religion has expanded rapidly and can now count congregations in over 30 different countries (Labate and Feeney 2012). Much of this expansion can be attributed to the interests of the Western New Age movement, and the missionary propensities of some Santo Daime leaders. Beginning in the 1960s and 1970s, tourists and spiritual seekers from northern countries began to visit congregations of the Santo Daime and other ayahuasca religions in order to participate in their ceremonies (Groisman 2009). Many of these visitors generated interest within their home communities upon their return; some performing private rituals for friends and family while others continued to habitually visit Amazonian and urban congregations in Brazil (Feeney and Labate 2013; Groisman 2009; Labate and Jungaberle 2011).

By the late-1980s, enough interest had been generated that traveling *comitivas* (delegations of musicians and singers) from Santo Daime began to be invited to foreign countries in order to "conduct spiritual works and teach the ritual performances to the locals" (Labate et al. 2010, p. 15). The first official visit of a Santo Daime group in Europe occurred in 1989, when a delegation of CEFLURIS arrived

in Spain for the Easter Holy Week (Groisman 2005). Soon, local congregations began to develop. By 1992, a branch of the Santo Daime appeared in The Hague, Netherlands (Rohde and Sander 2011). An early Santo Daime/New Age hybrid developed in Germany in 1993, and was soon followed by more traditional Santo Daime congregations (Balzer 2005; Rohde and Sander 2011). Informal groups arose in Spain in the early 1990s, and by the mid-1990s, branches of Santo Daime had emerged in a number of countries, including Canada, France, Italy, and the United States (Labate and Jungaberle 2011). Likewise, the UDV also experienced an expansion during this time, with congregations developing in the United States and several European countries (Bernardino-Costa 2011; Labate and Jungaberle 2011). Interestingly, though Brazilian *comitivas* frequently visit and are highly regarded as sources of sacred knowledge by these foreign groups, Brazilian nationals make up only a small portion of the membership of these international congregations. That the majority of the membership in international congregations is non-Brazilian raises questions about the transnational nature of these religious traditions. It also suggests that these new religious movements have tremendous vitality and appeal outside of their humble roots in the Brazilian Amazon.

Historical Evidence of Ayahuasca Use

Under the conventions that guide international drug control, exceptions may be made for “traditional licit” uses of controlled substances, so long as there is evidence of historical use. However, determining whether a particular use is “historical” or “traditional” is a complex endeavour. How far back must evidence of particular “traditional licit” uses go? And must the use be continuous within a particular culture or territory? These are just some of many broad and important questions that remain unanswered by the UN drug conventions. We will attempt to elucidate some of these below.

The use of ayahuasca was first documented in the 1850s. Manuel Villavicencio described the effects of the brew in 1858, use of which had been observed among the *Angatero*, *Mazán*, and *Záparo* Indians of Ecuador (Ott 1993). Richard Spruce, a British botanist, had also reported upon the use of ayahuasca among several South American groups, including the *Tukano*, *Guahibo*, and *Záparo* (Schultes and Hofmann 1992). Some authors have pointed to archaeological data that suggests the use of ayahuasca in South America dates back several millennia (Ott 1993, citing Naranjo 1986), while others challenge this notion (Beyer 2012; Brabec de Mori 2011). In any case, there are reports that 72 different indigenous groups currently use ayahuasca, with over 42 documented terms for the brew (Luna 1986). While there is significant anthropological and historical evidence as to the widespread use of ayahuasca among various South American indigenous groups, the Brazilian ayahuasca religions have their origins in the twentieth century.

In order to be in accordance with the letter of the drug conventions, states must determine how far back a tradition must go before evidence of its practice becomes

“historical.” One option would be to begin with the emergence of Santo Daime and the UDV in the twentieth century. Alternatively, the Brazilian ayahuasca religions might be framed as a modern permutation of older historical cultural uses. Such an assertion would be similar to the tack taken by some American Indians regarding religious peyote use in the United States. Although the peyote religion among most American Indian tribes dates back only to the mid-nineteenth century (see Feeney, this volume), evidence for historical ceremonial use of peyote in North America dates back several thousand years. In fighting for legal recognition for their religious practices in the USA, advocates for the peyote religion have cited not only the ancient roots of the religious use of peyote, but also the unique American character of this religious practice.

If the drug conventions cannot be interpreted as recognizing traditions with origins in the twentieth century as sufficiently historic, perhaps the Brazilian ayahuasca religions can make a similar argument to the one made by American Indians, and assert the very ancient roots of the cultural and spiritual use of this sacred brew. This very position was recently taken by a group of experts in a public statement defending the legal right to use ayahuasca (Anderson et al. 2012). Nevertheless, the comparison between American Indian peyote religions and the Brazilian ayahuasca religions is limited by the fact that the latter are not ethnic movements and, as seen before, the letter of the conventions imply some sort of purist or traditionalist view of certain minority groups (for a discussion of the concept of race/ethnicity in connection with traditional American Indian use of peyote, see Feeney 2014).

While strong arguments can be made for the historical basis of the Brazilian ayahuasca religions, the meaning of the term “historical” remains indefinite in the drug conventions. Perhaps more problematic is the equally ambiguous use of the terms “traditional” and “licit.” The pairing of the words “traditional” and “licit” in the 1988 Convention suggests two important functions. On the one hand, there is an indication that for substance use to be considered licit, it must somehow be traditional, though no definition of “tradition” is provided. On the other hand, the combination of these terms also implies that some traditional uses may be “illicit,” although this term is also left undefined. So, what criteria determine whether a “traditional” use is “licit” or “illicit”? Ultimately, it appears that the determination of “traditional licit” use is up to the signatory state seeking an exemption for such use; that is, assuming that “historic evidence” somehow supports an exemption. In this sense, the definition of these categories is exceedingly circuitous.

Interestingly, the confusing provision in the 1988 Convention containing these terms (Art. 14, para. 2) was negotiated by Peru and Bolivia, neither of which was satisfied with the requirement to phase out local customs of coca chewing, as required by the 1961 Convention. This particular provision has remained a point of international contention (see Metaal, this volume), and there remain questions about how drug control should be balanced against human rights, particularly in light of the 2007 adoption of the United Nations Declaration on the Rights of Indigenous Peoples (see Boiteux et al., this volume). While the language of Article 14 arose because of concerns regarding customary use of coca, this is not explicit in

the text and the text can be read as applying to all plants bearing psychoactive substances. Significantly, as mentioned before, the only psychoactive plants that are explicitly prohibited by the drug conventions are cannabis, coca, and the opium poppy; whereas, the legality of plants containing controlled psychoactive substances, such as *P. viridis*, which contains DMT, remains ambiguous (Labate and Feeney 2012; Tupper and Labate 2012).

The use of ambiguity in international treaties, however, arguably serves a very practical purpose. In order for a treaty to be effective, there must be broad international support, and acquiring such support often requires allowing flexibility among signatory states in how a treaty is implemented and interpreted. However, only states can be parties to international treaties, meaning that individual cultural groups have no recourse under international law if the state in which they reside fails to recognize certain practices involving “controlled” psychoactive substances. To illustrate this point, despite ethnographic evidence of the continued use of psychoactive plants among traditional peoples around the globe, only five countries requested exemptions for traditional use under the 1971 Convention: Bangladesh (unspecified), Canada (peyote), Mexico (unspecified), Peru (San Pedro cactus and ayahuasca), and the USA (peyote). The fact that only a few countries made such reservations does not automatically mean that other states are harassing indigenous groups who traditionally use psychoactive plants, but it does highlight the fact that such traditional groups have no human rights recourse under the drug conventions should they be targeted for involvement in a “criminal enterprise.” Another consideration is the political power of states in the international community, and whether countries from the global south, for example, have the political capital to advocate for measures that are protective of their citizenry.

Conspicuously absent from the list of countries with exemptions under the 1971 Convention is Brazil, the home of Santo Daime and the UDV. Interestingly, under the 1971 Convention, a state may only reserve an exemption at the time of ratifying the treaty; meaning that “small, clearly determined groups” with traditional uses of psychoactive plants have no opportunity to advocate for their own interests after the fact. Despite not reserving an exemption for use of ayahuasca under the 1971 Convention, however, Brazil currently allows religious uses of ayahuasca (Labate 2011; Labate and Feeney 2012).

In 1985, an on-going regulatory process began, examining cultural and religious uses of ayahuasca from a multi-disciplinary approach. Anthropologists, lawmakers, scientists, and representatives from different ayahuasca-drinking groups participated in meetings and discussions regarding the safety of ayahuasca and parameters surrounding its “traditional” use (Labate 2011; Labate and Feeney 2012; MacRae 2010). So, while Brazil did not reserve an exemption under the international drug conventions, it has taken a progressive, human rights oriented approach to the regulation of ayahuasca. Such an approach could serve as a model for the international community in balancing the interests of drug control with respect for human rights and cultural diversity (Labate and Feeney 2012).

The Dynamics of Culture and Place

The end of the Thirty Years' War in 1648, marked specifically by the treaties of Westphalia, is widely considered to mark the beginning of an era of state sovereignty, sometimes referred to as Westphalian sovereignty, which established the territorial independence of the nation-state. The alignment of state jurisdiction with geographic boundaries contributed to understandings of culture and "nationhood" as being territorially bound, although state territories frequently encompassed multiple cultural groups. Despite the realities of globalization, which clearly threaten such territorial notions of culture, a common perception that human culture and sociality is "naturally localized and even locality-bound" persists (Appadurai 2003, p. 344). Modern states continue to equate cultural groups with particular territorial boundaries, and proceeding from this premise have made legal and cultural exceptions for groups that were seen as specifically situated in space. This view is illustrated perfectly by the previously mentioned provision of the 1971 Convention, permitting signatories to make reservations for traditionally used psychoactive plants within certain parts of their territory (Art. 32, sec. 4). This provision reflects a view that exemptions for psychoactive drug use are acceptable only if they are confined to a specific locality and to a specific culture group.

The equation of culture with locality, as exemplified by the drug conventions, is especially questionable when modern transportation technology allows one to cross entire continents in a matter of hours, and when "other" cultures are frequently accessible through various forms of media (books, film, music) and communication technologies (telephone, email, Skype, etc.). These forms of media have made cultural practices and experiences, such as those of the ayahuasca religions that originated in the Amazon Basin, progressively more accessible to wider national and international audiences. This is significant since foreign interest in these religious practices have largely contributed to their expansion.

The spread and flow of culture in a world that is decreasingly defined by locality and geographic boundaries presents a clear need to re-conceptualize, or "re-imagine" if you will, established notions of culture, tradition, civic rights, and citizenship. Traditional notions of culture are often based on the idea that culture is static, being fixed in time or place, or otherwise bound by biological characteristics of "race." However, the history of humankind is marked by cultural flows. Culture is dynamic and intangible, with cultural forms and practices having spread historically both through conquest and peaceful contact, and occurring through economic as well as other systems of exchange. The prominence of tea in British culture is a good example of how culture evolves, adopts, and incorporates components of other cultures despite geographic and political boundaries. The ayahuasca religions themselves have their origins in a series of exchanges that brought many disparate cultures together, and can count influences from among African, European, and American Indigenous cultural groups.

An examination of the growth in transnationalism is essential to any efforts to rethink stagnant notions of culture and citizenship. Transnationalism is a term

generally applied to migrant communities who work, or who have otherwise established themselves, in a foreign country, but who retain strong ties to their home country. There are many ways in which migrant communities remain connected to their home countries, perhaps most significantly is a sense of cultural identity connected with their place of birth, but continuing connections with family, including financial obligations, also remain strong. Such transnational communities might be called “transnations,” which Appadurai (1993, p. 424) defines as a diasporic collective “which retains a special ideological link to a putative place of origin.”

Although migration largely accounts for the growth in transnational communities, the development and growth of such communities is not limited by the global flow of populations. Appadurai’s (1993, p. 424) notion of the “transnation” encompasses this idea well. Appadurai suggests that a “transnation” may be comprised of different categories, including individuals connected through religion, philanthropy or military service, among other possible transnational associations. The ayahuasca religions, which are not diasporic in the traditional sense, fit into Appadurai’s use of the term transnation if they are viewed as communities; groups that are tied together internationally by religion rather than by ethnicity or national origin.

Despite the fact that many international adherents of the ayahuasca religions do not have ethnic or family ties to the Amazon Basin, the religious connections to the birthplace of these religious traditions are strong. First, Portuguese is a central reference in the rituals, as the religious hymns are sung primarily in Portuguese (even if they also appear in other languages; see Labate and Pacheco 2010). There is also a prominent native discourse within these groups that emphasizes the wisdom and importance of both the Amazon and the Brazilian leadership. Further, ayahuasca, as the religious sacrament, has its origins in the Amazon and can only be produced from plants found growing in tropical areas, such as the Brazilian rainforests. Even though these plants can be cultivated elsewhere, their native habitat retains spiritual significance. Additionally, there are particular ceremonial obligations that apply to the gathering and preparation of ayahuasca that can only be fulfilled at the site of production.

Because of the difficulties associated with growing ayahuasca plants in most northern countries, internationally based congregations of the Santo Daime and UDV generally rely upon importation of ayahuasca that has been ritually prepared in Brazil (Labate and Feeney 2012). As an example of the transnational connections at play, we can look to a 2009 court case from the Netherlands where a Dutch member of the Santo Daime was charged with importation of a controlled substance after he brought containers of ayahuasca into the Netherlands. In his defense, the man argued that ayahuasca “can only be ritually prepared in Brazil,” and that importation was therefore necessary in order to practice his religion (van den Plas 2011, p. 336, citing *Rechtbank Haarlem* 2009).¹

¹This is ironic in the sense that the Dutch Santo Daime group, in order to legally defend itself, seemed to foreclose the possibility of developing a local ritual to brew the sacrament in the future.

Problematically, the view that culture is geographically situated remains pervasive among nation-states, political systems whose form of governance often relies on notions of national identity. The perpetuation of national identity is to the benefit of the nation-state, as it creates cohesion among the populace and a sense of national pride as well as population-wide investment into the project of the nation-state. The nation-state has a variety of means at its disposal to enhance perceptions of national identity and to suppress subversive groups. With the ayahuasca religions, whose sacrament contains the controlled substance DMT, a mechanism is already in place for nation-states who see the activities of these religious groups as subversive or undesirable, despite the desire of some of these groups to integrate into the status quo, as is the case with the UDV.

In France, the congregation of a Santo Daime church was prosecuted for possession of a controlled substance, although charges were eventually dismissed after a court determined that the plant components (*B. caapi* and *P. viridis*) of ayahuasca were not specifically prohibited under the 1971 Convention or French law (Bourgogne 2011). Interestingly, following the dismissal, the French government moved quickly to schedule both plants as illicit “sectoidal” products, a move that not only prohibited ayahuasca’s component plants, but also suggested that use of these plants is connected with cult-like groups (Feeney and Labate 2013). This is a good example of how a state can shape public discourse to demonize and constrain groups that are undesirable or seen as challenging the status quo.

Another example that merits mention is the experience of the Santo Daime in Germany. Congregations of Santo Daime began to appear in Germany during the 1990s, and in 1999, systematic raids were carried out against different churches, including raids on the private homes of church leaders. Publicity following the raids depicted the group as a “drug sect,” and church members soon became the victims of vandalism and threats from individuals in their local community. The local police refused to investigate or prosecute the reported crimes, and eventually one of the congregations decided to go into exile in the Netherlands, due to fears for their safety (Rohde and Sander 2011).

The decision to migrate helps illustrate Appadurai’s (1996, p. 191) idea of the “perpetual motion machine,” where a cultural group is forced out of one state and must seek refuge in another, before causing new social unrest and being kicked out again. Conflicts that result in exiled and refugee populations often stem from social unrest caused by clashes over identity. Sometimes these conflicts center on ethnicity, language or religion, and sometimes they encompass whole packages of cultural identifiers. While these conflicts occasionally occur between rival groups vying for power, often the conflicts are directly related to the project of national identity.

This defensive position, in effect, prevents the group’s rituals from transforming and evolving, and serves as a good example of how external legal impositions can establish a stagnating circularity (or mutual enforcement) between certain cultural manifestations and a specific place.

The ayahuasca religions are currently being reviewed for recognition as part of Brazil's cultural heritage, potentially establishing these traditions as part of Brazil's "national identity" (Labate 2012). Nevertheless, these religions are unquestionably foreign in each of the new countries within which they emerge. Wherever these religions appear, they remain intrinsically tied to Brazil and the Amazon, and the allegiance of these religious adherents is inherently transnational. The development of allegiance to particular states is also unlikely due to the persistent threat of persecution in Western industrialized nations that view consumption of ayahuasca as illegal, or questionable at the very best. The Santo Daime group that fled Germany is a good example of a group that chose allegiance to their religious faith over allegiance to a political state. We have also witnessed examples of North American and European Santo Daime members who have chosen to migrate permanently to the Amazon in order to best practice their faith.

The modern emergence of new national forms, forms that do not align with particular geographic boundaries, are expressed in myriad ways, and are by no means confined to the experiences of the ayahuasca religions. In any case, these religious groups provide a foundation for exploring the conflicts between the regulatory mechanisms of nation-states and the changing realities posed by the continuing growth of transnational cultural forms. They also bring into question the validity of the UN Conventions in dealing with contemporary global religiosities, particularly when human rights are one of the supposed pillars of the United Nations.

“Legitimate” Medicine

Another implication that arises from the drug conventions is the notion that pharmaceutical preparations of psychoactive drugs within Western medicine are preferable to use of traditional plant psychoactives, and can be better controlled to limit the perils and consequences of addiction. This idea of the primacy of pharmaceuticals is steeped in ethnocentric beliefs about the superiority of Western biomedicine; a belief that not only ignores different cultural understandings of health, wellness, and illness, but which also ignores the realities of global wealth disparities, and the impact that an attack on various ethnomedicines will have on impoverished and developing communities. One could write a whole book on the fallacy of the above supposition, but we shall limit ourselves to several brief remarks.

Notably, the 1961 Convention allows the medical use of cannabis, coca, and opium to continue to some degree, although all other traditional and “quasi-medical” uses were required to have been “abolished” after twenty-five years (Art. 49[2]). The language of the 1961 Convention's Preamble specifically recognizes that “the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs for such purposes.” Despite this exception,

the convention effectively stripped many local communities, communities with lengthy histories of applying these plants safely and effectively, of their medical sovereignty. Under the convention, each country producing one of these three drug plants would have to account for every hectare of land used to cultivate the plant, and would have to establish a government agency to designate such land and to take possession of any medical material produced (Arts. 19, 23, 26, 28). The subsequent trade and handling of these substances requires state licensing and, ultimately, a medical prescription (Art. 30).

At first glance, the removal of some of these substances from common usage may appear quite reasonable. For example, the negative impacts caused by certain uses of opium have been well reported for a long time; its problematic use is known to have reached epidemic proportions in China during the nineteenth century, to which Britain, in no small part, contributed (Beeching 1975). However, the proscription of these drug-plants is indicative of a broader imperialist trajectory of medical “modernization.” By reducing access to these effective medicinal resources, some used for thousands of years, a new foundation of medical care is created that relies upon the exclusive production, distribution, and regulation of “approved” medicines. Production by itself, including extraction of resources, isolation of compounds, testing for effectiveness, and marketing, inevitably leads to substantial increases in costs for medical care. Add on top of this the expenses of distributing these medicines around the world, and the regulation of their production and distribution, and the costs of medicines that were once grown and harvested, or collected in the wild, rises precipitously. According to the World Health Organization (2013), the global trade in pharmaceuticals tops US\$300 billion annually, and yet many of these drugs remain unavailable to millions of people in the developing world (Melrose 1982; see also Feilding, this volume).

The current disparities in access to medicine illustrate the fact that “modernization” of medicine has nothing to do with ensuring access to effective medications, as supposedly guaranteed by the drug conventions. Imposing restrictions on undeveloped communities with traditional uses of psychoactive plants significantly reduces the ability of these communities to address their own medical needs in an effective and culturally appropriate manner. If one cannot use traditional plant-based medicines and also cannot access expensive pharmaceutical preparations, then medical issues in these communities will, and do, go unresolved.

This system of restricting drug-plants also implicitly equates plant preparations with their isolated compounds, a comparison that has no basis in reality. The coca leaf, as consumed throughout much of South America, is a mild stimulant packed with nutrients (Duke et al. 1975). It is only when cocaine is extracted and used in isolation that it has been shown, in certain circumstances, to have addictive and detrimental properties. While opium, as traditionally prepared, is a powerful narcotic with addictive properties, it is mild in comparison to its pharmaceutical counterparts: morphine, codeine, and heroin (Weil 2004). In the case of cannabis, the U.S. government tried to halt a public groundswell of support for medical marijuana in the mid-1980s by approving pharmaceutical preparations of THC (delta-9-tetrahydrocannabinol) for therapeutic use. However, THC is only one

component of a complex array of cannabinoids contained in cannabis, and the intense psychoactive effects produced by pure THC made it an unpopular therapy among both patients and physicians (Randall and O'Leary 1998; Zimmer and Morgan 1997). In each of these instances, the equation of the plant to one or two of its chemical constituents has resulted in erroneous understandings of the therapeutic and cultural applications of these plants. Plant preparations like ayahuasca, which contains the prohibited substance DMT, are used therapeutically in specific cultural contexts to treat both physical and spiritual illnesses. Such remedies have value and application within particular cultural settings, but are not recognized as legitimate by "modern" medicine, with its reductionist and mechanistic approach to medicine and its Cartesian understanding of health and well-being.

As shown by some chapters of this book, the drug conventions have helped to root out some of the most effective and culturally significant medical plants used by, and available to, developing communities. They have rubber-stamped pharmaceutical drugs as "effective" and "scientific," removed and reduced access to plant-based alternatives, and laid the foundation for a global system of medicine without effective competitors. Looking beyond the drug conventions, the power of "modern" biomedicine to crush the competition continues to manifest in ongoing efforts to sideline natural and alternative therapies (Griggs 1997). The takeover and monopolization of the human body and the field of medicine by a cultural model promoted by industrialized nations has had substantial impacts on global health, and not all for good.

Navigating the Drug Conventions into the Future

As discussed previously, the conventions are replete with ambiguous and undefined terms, such as: "licit," "historic," and "traditional," all used in relation to potential exemptions or reservations that a state may claim prior to joining the individual drug conventions. The precise meaning of these terms appears to be left to the interpretation of individual states, meaning that the state should determine whether particular psychoactive plant use within its territory qualifies as "traditional" and "historic." While the only plants that are clearly prohibited by the conventions are cannabis, coca, and opium poppy, the 1971 Convention allows a procedure for states to make reservations for psychoactive plants growing within their territories that have traditional uses. Although plants that contain psychoactive substances (other than cannabis, coca, and opium) are not technically illegal under the conventions, such an explicit reservation may allow states greater legal latitude, and may help to emphasize the traditional and historic value of such substances.

Unfortunately, under the conventions, reservations may only be submitted upon a state's entry to the treaty, meaning that all states that have already ratified the drug conventions have no apparent recourse. Here is where a recent political move by Bolivia becomes instructive. Coca leaf is a very important part of Bolivia's cultural patrimony (see Boiteux et al., this volume; Metaal, this volume) and, while the state

ratified the 1961 Convention in 1976 without taking a position against the convention's mandate that coca use be eliminated, it soon became clear that this was a mandate that Bolivia could not adhere to. In protest, Bolivia withdrew from the 1961 Convention in 2012 and was able to submit a reservation upon its re-admittance to the convention. Not surprisingly, Bolivia's re-admittance did not go unopposed (Flores 2013). Nonetheless, this move stands as an example of how the drug conventions can continue to be revised and softened, even though such strategies do not challenge the main problematic foundations of prohibition.

Notably, Brazil did not make a reservation for traditional use of ayahuasca upon its entry to the 1971 Convention, even though the state is now considering plans to recognize ayahuasca as part of its cultural heritage. Only Peru has made a reservation for ayahuasca, despite the fact that traditional use of the brew occurs in many South American countries. Even if the religious use of ayahuasca is regulated in Brazil, the spread of the Brazilian ayahuasca religions outside of South America has been viewed to some degree, as we have seen here, as a drug menace; a view that has led to a number of prosecutions internationally. If one considers the Brazilian ayahuasca religions as transnational in character, as we have also argued above, then the position of Brazil towards this cultural export becomes paramount.

Although Brazil has taken progressive steps to protect and respect traditional and religious uses of ayahuasca within its geographical boundaries, it has not demanded international respect for these traditions, nor has it done much to advocate for international branches of the ayahuasca religions presently under persecution. A prime example concerns a Canadian branch of the Santo Daime, which received tentative approval in 2006 from Health Canada (a federal department of the Canadian Government) for use and importation of ayahuasca. Approval, however, was contingent upon documentation from the Brazilian government allowing its exportation (Labate and Feeney 2012; Office of Controlled Substances 2008; Tupper 2011). Brazil never responded to Canada's request for documentation, and the tentative approval of the Santo Daime to import and use ayahuasca was subsequently withdrawn by the Minister of Health (Aglukkaq 2012).

Brazil's reluctance to address issues of exportation may have to do with either its membership in the 1971 Convention, a general lack of consensus as to the legality of ayahuasca under the convention, or perhaps international pressure from countries where ayahuasca use has expanded. Alongside the Canadian government, other states, such as Spain, have recognized UDV and Santo Daime as legitimate religions, but remain inflexible regarding the importation of ayahuasca. This issue could partially be solved, however, if Brazil simply provided export permits. Local state actions such as these may be necessary given the improbability that the drug conventions will be revisited any time soon. Even though providing export permits would not address the limitations of the drug conventions directly, such a move could send a strong message internationally that Brazil considers these traditions to be legitimate and protected cultural practices, and could also signal a willingness to work with other countries to accommodate these religious practices.

A more radical move would be for Brazil to follow in the footsteps of Bolivia by withdrawing from the 1971 Convention and rejoining with reservations. Such a

move would allow Brazil to demonstrate, in the international arena, that the ayahuasca religions are important Brazilian cultural and religious manifestations. Additionally, Brazil could enter a statement into the record declaring an understanding of the convention as prohibiting DMT in its pure form only, and not pertaining to natural products and plant preparations. In this way, Brazil could establish a clear political position that the exportation and importation of ayahuasca is not a violation of the drug conventions, and thus open the door for reluctant states, such as Canada and Spain, to fully recognize and allow the religious use of ayahuasca. Significantly, unlike coca and its derivative, cocaine, there is no international market in ayahuasca, and as a result, Brazil's move would likely be less controversial than Bolivia's. While not perfect solutions, steps such as these would help create awareness about the traditional cultural practices of minority groups, and may lead to political shifts towards accommodation rather than persecution.

Conclusion

Since the passage of the 1961 Convention over 50 years ago, the drug conventions have become entrenched components of international law. It is unlikely that a new convention will be convened anytime soon; nevertheless, there are mechanisms available to individual states that could potentially weaken some of the detrimental components of the conventions. Unfortunately, the potential fixes, proposed herein, will not change the narrow understandings of culture nor the biomedical bias upon which the conventions are built. As globalization progresses and populations become increasingly transnational in nature, with ties of ethnicity, language, religion, family, and occupations expanding to encompass multiple countries, the limitations of the worldview enshrined in the drug conventions, including its attempt to confine "bad" cultural practices within particular geographic boundaries, have become increasingly problematic.

The conventional wisdom that predicted that modernity would lead to increased secularization, and globalization to cultural homogenization, has proven to be questionable. Further, it no longer seems that globalization will lead to the inevitable triumph of the developed world over the developing one, or that "quaint" and "antiquated" beliefs, values, and practices will be replaced by the supposedly superior ones of industrialized nations. Quite the opposite, in fact, appears to be true. This is particularly exemplified by the ayahuasca religions, which have demonstrated a broad appeal in portions of the Western industrialized world and which continue to attract new international adherents.

As nation-states continue to grapple with growing multicultural populations, the myths of "national identity" that once helped legitimize and empower the state as a representative of a particular cultural group are growing weaker. State laws that once encoded "cultural values," are now more frequently seen as discriminatory and oppressive, as exemplified by the use of secularist laws to curb the expression

of unpopular religious groups, restrictions on access to the institution of marriage, and the historical use of controlled substances laws to target minorities.²

There are also significant questions that need to be asked about the choice to push the world towards one cultural understanding of health and wellness, as well as the restrictions and regulations that accompany a uniform model. Interestingly, this one-model system of medicine, propounded as “modern” and “scientific,” stands in contradiction to other “modern” values, such as individual choice and a free market. More nefarious, however, are the potential impacts that a singular medical model may have in developing parts of the world. Despite the promise of the drug conventions that communities which give up traditional therapeutic uses of psychoactive plants will have access to “real” medicine, many of these communities must choose either to continue their use of traditional medicines in the face of global prohibition and become criminals, or forego these practices and rely upon what little “modern” medicine and medical care is available.

It is important not to lose sight of the fact that the world is inherently multicultural, and that we must be steadfast in preventing the ethnocentrism of world powers in codifying their own cultural beliefs and values into international law. If culture is dimensional and not tied to particular localities, and if multicultural communities cannot be represented by a single “national identity,” then traditional notions of social organization will need to be re-examined. Further studies on the expansion of the ayahuasca religions may provide insight into the rapidly changing dynamics of culture and locality, as well as the emergence and rise of unique forms of transnationalism. How these changing dynamics will affect global economic and cultural flows remains to be seen. Nevertheless, these rapidly changing realities, as exemplified by the emergence of transnational religious movements like Santo Daime and UDV, must inform the future of drug regulation, and will ultimately require the international community to re-evaluate the narrow views of culture, locality, and health at the heart of the drug conventions.

References

- Afonso, C. A. (n.d.) “Paródia Sacra,” mimeo. http://www.neip.info/downloads/c_afonso/parodia_sacra.pdf.
- Anderson, B. T., Labate, B. C., Meyer, M., Tupper, K. W., Barbosa, P. C. R., Grob, C. S., et al. (2012). Statement on ayahuasca. *International Journal of Drug Policy*, 23(3), 173–175.

² Some good examples include the Opium Exclusion Act passed by the U.S. Congress in 1909 that specifically banned opium prepared for smoking, the preferred method of use among Chinese immigrants. A more recent example is the infamous crack/cocaine disparity, where users of crack, predominantly Black, are punished more severely for possession and sale than powdered cocaine users, who are predominantly White (for more information see: Angeli 1997; Helmer 1975).

- Angeli, D. H. (1997). A “second look” at crack cocaine sentencing policies: One more try for federal equal protection. *American Criminal Law Review*, 34, 1211–1241.
- Appadurai, A. (1993). Patriotism and its futures. *Public Culture*, 5(3), 411–429.
- Appadurai, A. (1996). *Modernity at large: Cultural dimensions of globalization*. Minneapolis: University of Minnesota Press.
- Appadurai, A. (2003). Sovereignty without territoriality: Notes for a postnational geography. In S. M. Low & D. Lawrence-Zuniga (Eds.), *The anthropology of space and place: Locating culture* (pp. 337–349). Malden, MA: Blackwell Publishers Ltd.
- Balzer, C. (2005). Ayahuasca rituals in Germany: The first steps of the Brazilian Santo Daime religion in Europe. *Curare*, 28(1), 57–70.
- Beeching, J. (1975). *The Chinese opium wars*. New York, NY: Harcourt Brace Jovanovich.
- Bernardino-Costa, J. (Ed.). (2011). *Hoasca: Ciência, sociedade e meio ambiente*. Campinas, Brazil: Mercado de Letras.
- Beyer, S. (2012, April 25). On the origins of ayahuasca. *Singing to the Plants*. Retrieved February 22, 2013 from <http://www.singingtotheplants.com/2012/04/on-origins-of-ayahuasca/>.
- Blagrove, I., Jr. (Producer, Director). (2002). *Roaring lion: The rise of the Rastafari*. Jamaica: Rice n Peas Films.
- Boiteux, L., Chernicharo, L. P., & Alves, C. S. (2014) Human rights and drug conventions: Searching for humanitarian reasons in drug laws (this volume).
- Bourgogne, G. (2011). One hundred days of ayahuasca in France: The story of a legal decision. In B. C. Labate & H. Jungaberle (Eds.), *The internationalization of ayahuasca* (pp. 353–364). Zurich, Switzerland: Lit Verlag.
- Brabec de Mori, B. (2011). Tracing hallucinations. Contributing to a critical ethnohistory of ayahuasca usage in the Peruvian Amazon. In B. C. Labate & H. Jungaberle (Eds.), *The internationalization of ayahuasca* (pp. 23–47). Zurich: Lit Verlag.
- Brissac, S. (2010). In the light of Hoasca: An approach to the religious experience of participants of the União do Vegetal. In B. C. Labate & E. MacRae (Eds.), *Ayahuasca, ritual and religion in Brazil* (pp. 135–160). London: Equinox.
- Cemin, A. B. (2010). The rituals of Santo Daime: Systems of symbolic constructions. In B. C. Labate & E. MacRae (Eds.), *Ayahuasca, ritual and religion in Brazil* (pp. 1–20). London: Equinox.
- Duke, J. A., Aulik, D., & Plowman, T. (1975). Nutritional value of coca. *Harvard University: Botanical Museum Leaflets*, 24(6), 113–119.
- Edmonds, E. B. (1998). The structure and ethos of Rastafari. In N. S. Murrell, W. D. Spencer, & A. A. McFarlane (Eds.), *Chanting down Babylon: The Rastafari reader* (pp. 349–360). Philadelphia: Temple University Press.
- Feeney, K., & Labate, B. C. (2013). Religious freedom and the expansion of ayahuasca ceremonies in Europe. In C. Adams, A. Waldstein, D. Luke, B. Sessa, & D. King (Eds.), *Breaking convention: Essays on psychedelic consciousness* (pp. 116–127). London: Strange Attractor Press.
- Feeney, K. (2014). Peyote, race, and equal protection in the United States (this volume).
- Feilding, A. (2014). Cannabis and the psychedelics: Reviewing the UN Drug Conventions (this volume).
- Flores, P. (2013, January 11). Partial, symbolic victory for Bolivia in battle to legalize coca leaf. *Associated Press*. Retrieved February 23, 2013 from: <http://www.newser.com/article/da3o45n80/partial-symbolic-victory-for-bolivia-in-battle-to-legalize-coca-leaf.html>.
- Goulart, S. (2010). Religious matrices of the União do Vegetal. In B. C. Labate & E. MacRae (Eds.), *Ayahuasca, ritual and religion in Brazil* (pp. 107–134). London: Equinox.
- Griggs, B. (1997). *Green pharmacy: The history and evolution of Western and herbal medicine*. Rochester, VT: Healing Arts Press.
- Groisman, A. (2005). *Santo Daime in the Netherlands: An anthropological study of a New World religion in a European setting* (Unpublished doctoral dissertation). University of London.

- Groisman, A. (2009). Trajectories, frontiers, and reparations in the expansion of Santo Daime to Europe. In T. J. Csordas (Ed.), *Transnational transcendence: Essays on religion and globalization* (pp. 185–203). Berkeley: University of California Press.
- Helmer, J. (1975). *Drugs and minority oppression*. New York, NY: Seabury Press.
- Jelsma, M. (2011). *Lifting the ban on coca chewing: Bolivia's proposal to amend the 1961 Single Convention* [Briefing]. Series on Legislative Reform of Drug Policies, No. 11. Transnational Institute. <http://www.tni.org/briefing/lifting-ban-coca-chewing> (Accessed 5 Aug 2011).
- Labate, B. C. (2011). Comments on Brazil's 2010 resolution regulating ayahuasca use. *Curare – Zeitschrift für Ethnomedizin und transkulturelle Psychiatrie*, 34(4), 298–304.
- Labate, B. C. (2012). Ayahuasca religions in Acre: Cultural heritage in the Brazilian borderlands. *Anthropology of Consciousness*, 23(1), 87–102.
- Labate, B. C., & Feeney, K. (2012). Ayahuasca and the process of regulation in Brazil and internationally: Implications and challenges. *International Journal of Drug Policy*, 23(2), 154–161.
- Labate, B. C., & Jungaberle, H. (Eds.). (2011). *The internationalization of ayahuasca*. Zurich, Switzerland: Lit Verlag.
- Labate, B. C., & MacRae, E. (Eds.). (2010). *Ayahuasca, ritual and religion in Brazil*. London, UK: Equinox.
- Labate, B. C., MacRae, E., & Goulart, S. L. (2010). Brazilian ayahuasca religions in perspective. In B. C. Labate & E. MacRae (Eds.), *Ayahuasca, ritual and religion in Brazil* (pp. 1–20). London: Equinox.
- Labate, B. C., & Pacheco, G. (2010). *Opening the portals of heaven: Brazilian ayahuasca music*. Munich: Lit Verlag.
- Labate, B. C., Rose, I. S., & Santos, R. G. (2009). *Ayahuasca religions: A comprehensive bibliography and critical essays*. Santa Cruz, CA: MAPS.
- Luna, L. E. (1986). *Vegetalismo: Shamanism among the mestizo population of the Peruvian Amazon*. Stockholm: Almqvist & Wiksell International.
- MacRae, E. (1992). *Guided by the moon: Shamanism and the ritual use of ayahuasca in the Santo Daime religion in Brazil*. Retrieved February 22, 2013 from <http://www.neip.info/downloads/edward/ebook.htm>.
- Melrose, D. (1982). *Bitter pills: Medicines and the third world poor*. Oxford, UK: Oxfam Professional.
- Marley, B. (1979). Babylon system. On *Survival* (CD). Los Angeles, CA: Universal Records.
- Metaal, P. (2014). Coca in debate: The contradiction and conflict between the UN Drug Conventions and the real world (this volume).
- Ott, J. (1993). *Pharmactheon: Entheogenic drugs, their plant sources and history*. Kennewick, WA: Natural Products Co.
- Randall, R. C., & O'Leary, A. M. (1998). *Marijuana Rx: The patients' fight for medicinal pot*. New York, NY: Thunder's Mouth Press.
- Rechtbank Haarlem. (2009, March 26). 15/800013-09, LJN BH9844.
- Rohde, S. A., & Sander, H. (2011). The development of the legal situation of Santo Daime in Germany. In B. C. Labate & H. Jungaberle (Eds.), *The internationalization of ayahuasca* (pp. 339–352). Zurich, Switzerland: Lit Verlag.
- Said, E. (1978). *Orientalism*. New York, NY: Random House.
- Schultes, R. E., & Hofmann, A. (1992). *Plants of the gods: Their sacred, healing and hallucinogenic powers*. Rochester, VT: Healing Arts Press.
- Tupper, K. W. (2011). *Ayahuasca,entheogenic education and public policy*. (Unpublished doctoral dissertation). Vancouver, Canada: University of British Columbia.
- Tupper, K., & Labate, B. C. (2012). Plants, psychoactive substances and the INCB: The control of nature and the nature of control. *Human Rights and Drugs*, 2(1), 17–28.
- van den Plas, A. (2011). Ayahuasca under international law: The Santo Daime churches in the Netherlands. In B. C. Labate & H. Jungaberle (Eds.), *The internationalization of ayahuasca* (pp. 327–338). Zurich, Switzerland: LIT Verlag.

- Weil, A. (2004). *From chocolate to morphine*. New York, NY: Houghton Mifflin Company.
- World Health Organization (2013). *Trade, foreign policy, diplomacy and health: Pharmaceutical industry*. World Health Organization. Retrieved February 22, 2013 from: <http://www.who.int/trade/glossary/story073/en/index.html>.
- Zimmer, L., & Morgan, J. P. (1997). *Marijuana myths, marijuana facts*. New York, NY: The Lindesmith Center.

Cases and Documents

- Aglukkaq, L. (2012, October 23). Letter from Leona Aglukkaq, Minister of Health, Ottawa, Canada, to Jessica Rochester, President, C eu do Montr eal, Hampstead, Quebec. Retrieved February 22, 2013 from http://www.bialabate.net/wp-content/uploads/2008/08/CeudoMontreal_HC-Response-Letter-23-Oct-2012-2.pdf.
- Church of the Holy Light of the Queen v. Mukasey, 615 F. Supp. 2d 1210 (D. Or. 2009).
- Convention on Psychotropic Substances. (1971). *Entry into force* 16 Aug. 1976, 1019 United Nations Treaty Series 175.
- Gonzales v. O Centro Esp rita Beneficente Uni o do Vegetal, 546 U.S. 418 (2006).
- National Directorial Resolution. (2008). *836/INC: Designation as Cultural Patrimony of the Nation extended to the knowledge and traditional uses of ayahuasca as practiced by native Amazonian communities*. Lima, Peru: National Institute of Culture. Retrieved June 24, 2008 from http://www.bialabate.net/wp-content/uploads/2008/08/declaracion_ayahuasca_patrimonio_cultural_peru.pdf (version in Spanish) and http://www.bialabate.net/wpcontent/uploads/2008/08/declaration_ayahuasca_patrimony_peru_20081.pdf (version in English).
- Office of Controlled Substances. (2008). *Exemption under section 56 of the controlled drugs and substances act (public interest) regarding the use of Daime tea for religious purposes* [Issue analysis summary] (pp. 375–395) (draft). Ottawa: Health Canada.