

1971

Peyote Outlawed in Mexico

Its effects are destructive and terrible. It destroys the body
and soul with a crushing evil that leads the mind to darkness
and chaos.

—Dr. Antonio Prado Vértiz, 1971¹

The police burst into Salvador Roquet's Clínica de Psicosisíntesis just before midnight on 21 November 1974. Twenty-three patients, along with the doctors and staff, were arrested. Roquet, Pierre Louis Favreau, and Rubén Ocaña Soler, who were not at the clinic that night, were detained by police the following morning. Over the next several days, while Roquet and his colleagues sat in jail, government experts were called in to identify the drugs seized in the raid. They found peyote, mushrooms, and ololiuqui, which they took to be clear evidence that Roquet was administering dangerous drugs that possibly caused cerebral lesions. Worse still, they found records that proved that Roquet was charging fees for these drugs (estimating that he had collected on average five hundred pesos from over one thousand patients), which made him a drug trafficker. If this were not enough, the raid yielded several "pornographic" films, suggesting that Roquet was also guilty of the crime of moral turpitude. According to the Procuraduría General de la República's (PGR) press release announcing the arrest, he was a "charlatan" and would face trafficking and morals charges.²

Roquet was in an difficult position. While the drugs used in his clinic had been technically illegal since 1971 (designated as "without therapeutic value" in the sanitary code that year),³ until that fateful night he had been able to carry on his work with relatively little interference from the authorities. In part this was because he had long cultivated

close ties with government officials.⁴ More than this, he had won public acclaim for a therapeutic method that seemed to be unusually effective in treating a variety of afflictions. In his mind, the suggestion that he was somehow peddling dangerous drugs was ludicrous, defamatory.

Eight years earlier, when Roquet opened the clinic, the psychedelic drugs he used seemed miraculously powerful, potential antidotes to a wide array of illnesses. And Roquet had not gone the way of Timothy Leary or Richard Alpert. Remaining the committed doctor to the end, he had not embraced a larger consciousness-altering project. He instead administered these drugs in closely controlled clinical settings, generating a wealth of data to support his research. But his methods invited controversy. Informed by his own experience, Roquet was devoted to the terrified body, the body that had shed all its engrained defenses until it was capable of revealing its deeply buried truths. The experience was jarring, difficult, painful, and entailed a total loss of control. This, more than anything, was the problem, as was starkly revealed in an article published four days after his arrest in the magazine *Tiempo*.⁵

The address of the clinic, “Av. México, 199”, was splayed in bright letters across the front page, and the cover pictured two hunched figures, a young man and a young blond woman, a huge syringe, an array of pills scattered around a desolate-looking room, which was splashed with blotches of red, black, and yellow.⁶ In the article Ignacio Ramírez Belmont described his experience in a psychosynthesis session in lurid detail. He claimed he was enticed to visit the clinic by a girl he met in a bar, who told him that whatever his problems, the clinic would cure them. After paying two hundred pesos for a consultation and agreeing to pay a further seven hundred for therapy, he was told by Roquet that he had a variety of problems and would likely require eight to nine sessions. He was then asked for an autobiography, photos of family members and other mementos, and was told that he was not to drink alcohol for eight hours before his session.

His compatriots in the session included a lesbian who feared the damage she was doing to her child, a man who was searching for himself (as he had been doing during two years of sessions), a woman who had left her spouse, a man who was angry at his father, and a soldier. Some had been in treatment for as long as six years, and several told Ramírez it was helping them with their problems. One said it had helped him quit marijuana.

The session went according to script, except that Ramírez was so overwhelmed by the experience he panicked. He was shocked by the

images—color transparencies of sexual acts, many of which appeared to depict adolescent boys and girls. There were also images of war, funerals, and student rebellions, but apparently 80 percent comprised naked men and women, followed by what he described as a fifteen-minute pornographic movie. He was then given his medication, which was identified as peyote. He tried to palm the pills but was forced to ingest them. He grew nauseous, then felt chills and sweaty palms. Things got worse when he was exposed to other stimuli, including flashing lights. He found himself screaming in terror and driven crazy by the syncopated music. He locked himself in the bathroom and tried to escape but was blocked by the bars on the window. “There are no words to transcribe what Bélamonth [his alter ego] felt in those moments; he suffered dizziness and syncopated sounds of music hammered inside his head. He could not stand it.” By the time the session ended at 11 p.m. the next day, his distress over the experience was unshakable.

Ramírez’s experience mystified Roquet, who told him that over eight years he had treated two thousand patients at the clinic and had never had one who acted this way. Of course, had he known the real purpose of Ramírez’s visit at this point, he might have concluded that his terror was rooted in the surreptitious nature of his task. Ramírez falsified his biography during his intake and attempted to play a fictionalized role in the session. It seems likely that his panic was at least in part tied to the fact that he was unaware of peyote’s power as a disinhibitor. Efforts to dissemble under these circumstances could easily have produced a terror that one’s body would no longer participate in the conscious mind’s efforts to conceal. This is one of the reasons psychosynthesis was preceded by cleansing rituals—the need to purify the body of alcohol, but also to confess one’s sins before partaking. Absent these moments in which the participant surrendered to the truth, madness could follow.

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Ramírez’s account of his terror in the clinic offers an important reminder that Mexico’s war on drugs was not simply a stage-managed affair prompted by US pressure on a society where drugs were produced but not consumed to any significant degree.⁷ The growing incidence of drug use in Mexico during the late 1960s and early 1970s prompted a furious response from social conservatives and members of the health care community. References to Roquet’s supposed use of pornography were enough to offend, but the claim that he was in fact peddling dangerous drugs transformed Roquet from visionary psychiatrist into pariah.

In the eight years that this transformation required, Mexico went through some very tumultuous times. Foreign hippies flooded the country in the late 1960s, drawing Mexican youths into the counterculture by the thousands.⁸ Social conservatives responded to the *Jipitecas*⁹ with disgust, viewing their *desmadre* as an existential threat to the modern, industrial, orderly postrevolutionary state and society their parents had worked so hard to create. And while the drug-taking, libertine youths who embraced the counterculture were nothing like the disciplined student activists who planned revolution during these years, older Mexicans often collapsed these different strains of youth protest into a single category: the out-of-control child.¹⁰

Drug use epitomized the problem. Even though a relatively small number of Mexicans were consuming illicit drugs during these years,¹¹ the headlines in national newspapers suggested that the country was beset by a crisis brought on by a “new plague” of drugs.¹² Typical of the genre, in April 1970 *El Universal* called parents to attention with the news that drug use had jumped 1300 percent between 1967 and 1969. If left unchecked, drugs would soon be consumed by 80 percent of students in the preparatory and secondary schools in the federal district.¹³ A few months later *Novedades* reported that that for every 100 patients seen at the Hospital Siquiátrico Nacional, 1.3 “suffer severe brain damage” due to drug use.¹⁴

These fears lent particular urgency to the projects advocated by the early pioneers of the drug-counseling profession, who in their effort to garner support for new institutions to study and treat drug addiction made sweeping claims about how they were “safeguarding the moral and material interests of our society, as well as the preservation of our own species.”¹⁵ Between 1969 and 1971 the new addiction specialists (*toxicomania* became *farmacodependencia*) continually reminded Mexican parents that the drugs their children were taking could “modify the structure or function of a living organism”¹⁶ or cause “changes in the genetic structures.”¹⁷ Mexicans were told that even if the youthful user escaped the genetic threat, they were still likely to become more neurotic while young and suffer from depression and schizophrenia as adults.¹⁸ It was a terrifying prospect, the most intimate worlds of the Mexican family undone by these new threats. And drugs were not simply a physiological threat. They also deformed the values of their victims. Images of unruly young women in jeans and sandals and unscrupulous foreigners¹⁹ spoke to the enormous threat of “moral contamination” and “corruption” that drugs posed for Mexican youths.²⁰

Typical was Dr. Alfonso Quiroz Cuarón's 1969 description of one of his drug-addled patients.²¹ The patient was eighteen years old but suffered deficiencies in memory and imagination and had the mental capacity of a thirteen-year-old. The young man had used drugs daily for three years, including peyote and mushrooms (he had made fifteen trips to Huautla).

He loathes work. Rejects both money and thrift. He despises his father. Since childhood he has been afraid of the dark. He remembers with great pleasure the times his father would go on trips and he could sleep with his mother.²²

Quiroz Cuarón viewed his (clearly oedipal) patient and thousands of others like him as the products of fractured families, of war, of automation. "Their drug use is both self-injury and a lateral aggression against those who marginalize them in the family, criticizing their hair, clothes, and language."²³ And while the parents were clearly to blame (divorce, neglect, poor morals, and their own substance abuse), youthful experimentation with drugs was a problem in and of itself. Early experiments with marijuana, peyote, and psilocybin mushrooms later turned into serious problems with LSD, cocaine, and other drugs. Middle-class youths felt "purified" by their drug use but were becoming stunted individuals.²⁴

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Peyote was the object of much of this anxiety. Much like the Indian, peyote was both "exotic" and "repugnant."²⁵ The very fact that some Mexican youths sought out its effect was a source of significant concern. Writing in *El Universal* in March 1969, the teacher and chemist Antonio Lara Barragan commented that "the statement that young drug addicts recently made before the Public Ministry, that they are looking for God through drugs, seems to me to be blasphemy." Going on, he wrote: "Drugs imprison the individuals who have experimented with them through a process of regression to the most basic and primitive stage of man." Drug users had embraced animism, witchcraft, and magic, the very phenomena that "populate the intimate universe of the savage." Their myths, demons, and gods, rooted in the "ignorance of the primitive," were what the hippies laughably imagined as "new horizons of the spirit." In reality, these youths were simply regressing to a demonic world—a primitive state. They were "beings degraded by the use and abuse of peyote . . . this cactus whose destructive properties on the brain have been known since the earliest times."²⁶

Lara Barragan was of course wrong in claiming peyote “abuse,” but that was not the point. The abuse claim situated peyote squarely within contemporary drug discourse (all drugs are dangerous because they are all abused) while also reminding readers of the threatening specter of indigeneity. Mexican youths were reverting to animal instincts and practicing an exalted sexuality (Huichols were falsely reputed to have orgies while under the influence of peyote) because they were unable to cope with their economic power. The return to indigeneity was “a protest against the abundance that prevents parents from sharing their lives; partaking of their joys, their sufferings and problems.” Peyote, like other Indian drugs, was promoting “perversity, vice, and degeneration.”²⁷ And even if it was transmitted through the hippies, the Indian was ultimately contaminating Mexican youths with these perverse forms of mysticism, causing “terrible spiritual damage.”²⁸

These images mapped remarkably well onto Mexico’s dominant narratives of indigeneity. Since at least the colonial period religious and civil officials have identified peyote (like psilocybin mushrooms and ololiuqui) with a series of threatening iterations of indigenous subjectivity—in the first instance a threat posed by the devil, and with the advent of racial science the threat posed by degenerate and backward peoples—the disordered and undisciplined bodies of Indians under the influence invariably revealing the thinness of colonial (and then modern) authority over those bodies. Indians who, because of the diabolic root’s power, refused to submit to the state’s authority invariably represented a significant source of anxiety in a society that was both held together by the forceful discipline of an authoritarian state and had repeatedly descended into chaos at the hands of a racialized multitude.²⁹

This was a double mapping, because the hippies relied on a series of similar images of the Indian as vehicles for their desires and aspirations. Their Indian was also primitive, backward, primordial, though for them this represented the possibility of escape from the alienation of modern life. For the moment, however, the terror that the establishment felt at seeing bodies beyond their control trumped hippie enchantment with the Indian. The country’s drug-crazed youths were stunted, degraded, and depraved, a “generation in degeneration.”³⁰ The body of the hippie was structurally weakened by the chemical composition of the drugs and vulnerable to the depredations of various sexual perversions, especially homosexuality. Bodies under the influence were said to panic, grow confused, and experience flashbacks, anxiety, and depression. If those bodies were youths, they might find it hard to concentrate in

school, drop out, lose interest in life, and turn to “pseudo mystical ideas, regressive tendencies, and a nomadic and naturalist life.”³¹

In need of compassion and tutelage, the drug user was an “other” in ways that were analogous to the Indian.³² Huichols too were degenerate and needed both aid and compassion, in part because of inequality and poverty, but also because of forms of drug use they embraced from childhood, which produced dimwitted and irredeemable subjects.³³ The danger now was that a whole new generation of non-Indian bodies was regressing to a degenerated state, morally retrograde, and unfit for civilization.³⁴

Antonio Prado Vértiz’s March 1971 *Novedades* essay about peyote made the connection to indigeneity inescapable, describing the long history of indigenous use and the resulting “paranoia” that it produced among indigenous users. Indians foolishly believed that under the influence of peyote, “they speak with God, as equals.” He then commented on the impact he saw on modern youth:

The drug is unleashed on youths who, eager for unknown pleasures, [are drawn to] the sophistry of Huxley, who said that mescaline lets you view all kinds of internal or external phenomena, in time and space, as something infinite and eternal. Disoriented youths in Europe and America, made ill from their inheritance of wars and hatreds, receive it as a call to poetry, art and rebellion. Mescaline, or those cursed cactus buttons, is consumed in huge quantities in the most exclusive literary circles and in the most distinguished salons. . . .

The drug, like all of them, becomes tyrannical. It dominates users to the point that, as Jacques Lebel says “. . . this drug is now as indispensable to me as is my body’s respiratory system . . .”, this clearly indicating their dependence, like a miserable slave, yoked to the drug. Its effects are destructive and terrible. It destroys the body and soul with a crushing evil that leads the mind to darkness and chaos.³⁵

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Given these anxieties, it should be no surprise that abstinence was the animating ethos of Mexico’s two most prominent public initiatives in addiction treatment during these years: Mexico’s Centros de Integración Juvenil (Youth Integration Centers) founded under the direction of Ernesto Lammoglia, and the Centro Mexicano de Estudios en Farmacodependencia (Mexican Center for the Study of Drug Dependence, or CEMEF), which was founded under the leadership of Guido Belsasso in 1972.³⁶

Roquet blamed Belsasso personally for his troubles, intimating that the latter was jealous of the rapid progress patients made at Roquet’s

clinic.³⁷ It is more likely, however, that a drug-centered approach to addiction simply offended the sensibilities of Lammoglia, Belsasso, and Ramón de la Fuente (then the most powerful figure in Mexico psychiatry, and another enemy of Roquet). These establishment figures embraced an addiction language in which the drug itself was the source of danger, and they defined addiction in ways that specifically made room for the inclusion of peyote. In their view addiction could be one of two things. It could be a physiological phenomenon, rooted either in a body's need for the substance to function "normally," or a body's ability to develop tolerance, thus requiring an ever-growing quantity of the drug.³⁸ Addiction could also be psychological, or "psychic," a rather mushy definition that classified need as a desire for the drug in which the craving was not expressed through bodily discomfort. Psychedelics did not create physical dependence, but the new addictions experts insisted that they created "psychic dependence" due the addicts' need for the "distortions in perception" that they produced.³⁹

The CEMEF was instrumental in raising the alarm over psychedelics.⁴⁰ Chronic use, researchers at the CEMEF believed, produced a need for the drug that when unfulfilled resulted in psychotic states. One could observe profound effects in the victims of these drugs, individuals who "have dramatically changed their value systems," shifting from being useful citizens to embracing "passivity, mysticism, and fantasies."⁴¹

These themes come up again and again in the CEMEF's proclamations about the dangers of psychedelics. Psychedelics were of no medical use. They caused a variety of negative physical and mental states (nausea, vomiting, mystical-religious states, dissociation). The erratic conduct caused by these drugs had "on more than a few occasions driven youths to murder or suicide."⁴² Mescaline was specifically held to produce psychic dependency, tolerance, psychosis, panic, and extreme emotions. Psilocybin was said to have similar effects, but was not known to produce psychosis. LSD was the worst, linked to all three effects, the inability to work or study, possible genetic damage, cerebral lesions, or damage to the central nervous system.⁴³

These alarming reports suggested that hallucinogens were an integral part of a drug problem that constituted the "crisis of our time."⁴⁴ Reports from the CIJ and CEMEF painted a picture of a surge in drug addiction so severe that the addled children of the Mexican working and middle classes had nowhere to go for treatment. One story in *El Universal* in April 1976 claimed that there were between five hundred thousand and eight hundred thousand minors in the federal district

alone who needed treatment for glue, marijuana, and other drugs.⁴⁵ Untethered to their traditional values, these youths were turning to crime, living promiscuously (even experimenting with homosexuality), and having children out of wedlock.⁴⁶

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If indeed eight hundred thousand youths in Mexico City were drug addicts, Mexicans had real reason to be alarmed, but the numbers don't quite add up. While some drugs seem to have grown steadily in popularity during the 1970s (cocaine and paint thinner, among them), illicit drug use in Mexico remained low compared to the US and Western Europe.⁴⁷ As of 1970 less than 10 percent of Mexican youths had tried marijuana, and less than 2 percent had tried LSD. In subsequent years arrests, overdoses, hospitalizations, and even casual use of most illicit drugs declined.⁴⁸ The use of psychedelics, and peyote in particular, declined to statistically insignificant levels.⁴⁹ A 1975 survey on drug use in the federal district estimated that less than 0.31 percent of the population had used peyote or mushrooms and found no regular users of these drugs. Not a single person in the survey admitted to being a user of LSD. More importantly, the respondents who indicated that they had used mushrooms and peyote tended to be older and were likely indigenous migrants to the city. Others who had tried these substances at one point but did not regularly consume them tended to be upper class and university educated.⁵⁰

A close reading of these figures reveals a fragmented landscape of illicit drug use. Among middle-class youths drug use probably declined somewhat and consolidated around marijuana and alcohol. More powerful psychedelics fell out of favor, while cocaine use began to climb among the well-heeled, and the use of thinner and industrial cement seems to have spiked among poor urban residents living in the slums. Some of these drugs did represent public health crises, most particularly the expansion of glue and thinner sniffing among the poor (this crisis itself was left largely unaddressed because public health officials found it impossible to regulate the circulation of these legal construction materials in the self-built, continually expanding slums), while others, especially psychedelic use, remained so marginal as to be insignificant.

For reasons small and large, however, the public hysteria around claims to a massive growth in drug use captured none of the nuance of actual experience. Drug addiction led to permanent bodily impairment, and if it was easier to see in marginalized urban youths addled by paint thinner than peyote users (easier to see, in part, because the former were

present in public spaces, while the latter were not), the damage to the latter was no less real. Collectively these drugs were signs of “moral decadence,” evasion, and a “lack of intrinsic values,” as well as a cause of social “disintegration.”⁵¹ And here Roquet’s own methods did him no favors. The crazed, terrified patient that he saw as the starting point for an integrated subject came across in the press as a horrifying version of *desmadre*, a return to a primitive state that most found repugnant.⁵²

This, then, was the challenge that confronted Roquet as he worked to keep his clinic afloat. He had long done everything he could to secure his future, maintaining close ties with friends in the government, especially the *Secretaría de Salud Pública* and *Dirección de Seguridad* (the secret police, or DFS). He invited psychiatrists from the National University to witness his sessions and hosted a parade of foreign dignitaries in the clinic.⁵³ He kept assiduous records, measuring as concretely as he could the progress of his patients through their treatments and codifying as much of that treatment as he could in order to give it the imprimatur of science.

Still, as he lamented in increasingly bitter terms to his friends and colleagues in the months leading up to his arrest, he knew he was in danger of losing everything. Behind closed doors his colleagues in the psychiatric profession were spreading rumors about the clinic. The arrest itself was preceded by negative reports that Roquet believed had been planted in the press, preparing the public for a smear campaign that would destroy his reputation and put him in Lecumberri Prison, stewing about the “defamation, calumny, and intrigue” that a corrupt Mexican psychiatric community had used to silence him.⁵⁴

Among the most galling elements of his plight was the fact that all of this was happening despite his long service to the state, which did not end with his resignation from the *Secretaría de Salud Pública* in the mid-1960s. As Roquet and his supporters reminded the government, he had willingly offered his services to the state in the aftermath of the 1968 Tlatelolco massacre (in which Mexican security forces opened fire on a group of student protesters, killing between three hundred and four hundred), working with political prisoners to address the causes of their deviant behavior. In the hearing held in the *Salon Verde* to defend Roquet, Senator Aislic addressed the issue directly. Seamlessly linking the problem of the misguided hippie with the misguided revolutionary, he reported that after 1968 Roquet had treated several young revolutionary students—who had intended to blow up electrical towers—with psychotherapy and psychodislectics, and that his treatments had cured

them of their subversive and antisocial behavior. These former revolutionaries were now committed to working for the betterment of Mexico and to paying their taxes like everyone else. Having cured some of the most recalcitrant radicals, Roquet was anything but a threat to the established order.⁵⁵

Far from it. Aislic's testimony obliquely referenced the fact that Roquet actively supported the state in its efforts to fight both the counterculture and student revolutionaries. Beyond simply treating former addicts and revolutionaries, Roquet kept tabs on his patients for members of the secret police,⁵⁶ and even went so far as to cooperate with the DFS to elicit information from at least one political prisoner.⁵⁷ Decades later that prisoner, Federico Emery Ulloa, recounted his encounters with Roquet at Lecumberri prison in legal proceedings against Luis Echeverría. He claimed that, among other things, Roquet forced him to take pills he identified as peyote and then aggressively interrogated him. According to Emery Ulloa, Roquet warned his unwilling patient that he should not resist the power of the peyote, because "you can wind up crazy or dead." Roquet then showed him "pornographic videos," played Wagner at high volume, and repeatedly peppered him with questions about the names and whereabouts of Emery Ulloa's associates in the student movement and about his contacts in other countries. According to Emery Ulloa, the experience had a lasting impact on him. He reported that "this psychological torture produced intense depressions, especially in moments of economic difficulties," and occasional homicidal rages. Asked in 1985 if he still suffered the effects of these experiences, he replied that it all made him tense, but not tense enough to seek help. "I've never seen a psychiatrist—well, besides Roquet."⁵⁸

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His clinic and reputation destroyed by his time in prison, Roquet was quietly released from jail in April 1975. A further arrest in the US a year later for LSD possession served as a final blow to the doctor's aspirations as a revolutionary psychiatrist. He decided to shift his psychosynthesis sessions to the Sierra Mazateca and the Sierra Huichola, where he collaborated with Huichol and Mazatec shamans in group therapy sessions that for all intents and purposes were shamanic rituals. This was not entirely a novel turn, as Roquet had been holding ceremonies in the sierra since the late 1960s,⁵⁹ but henceforth these would be the only contexts in which his patients would receive psychedelics. He no longer administered the drugs and did not run the sessions. His role was largely

restricted to preparation and post-ceremony therapy sessions. Undertaken in this way, his sessions no longer drew the attention of his critics, because his psychiatric method was so shrouded in indigenous shamanism as to be virtually invisible to the state health agencies that had previously viewed his work with deep skepticism.

We see, then, something of the way in which the connection between indigeneity and the psychedelic experience was overdetermined in these moments. Both Roquet and his critics would link the use of psilocybin and peyote to a form of indigenous mysticism, with the former seeing in this practice a form of expertise that could lead the West out of a cultural morass, and the latter seeing it as just another sign of the backwardness of the Mexican Indian. The drug effects mattered, as they clearly produced bodies that did not quite conform to Western norms of discipline and sobriety, but far more significant was the way that these drugs and their traditional users could simultaneously enchant and disgust serious men in white lab coats.

Even with his detailed record keeping and careful experimentation with drug and dosage, Roquet struggled to demonstrate the efficacy of these drugs in ways that would be compelling to the state. In his case this problem was exacerbated by the fact that he tended to employ multiple drugs and drugs in their natural form (peyote, psilocybin mushrooms), which by their nature contained differing combinations and strengths of the alkaloidal compounds based on the age and point of collection of the plants. That is, the more Roquet embraced shamanic forms of plant knowledge, the less legible he could be to modern psychiatric and pharmaceutical regulatory agencies.

Modern pharmaceuticals relied on a medicalized body and repeatable effects. Psychedelics, which exploded the boundaries of the body and required the skills of an experienced curer to manage (not just the dose, but the entire period of involvement with the drug), simply did not fit the criteria that psychiatry demanded.⁶⁰ The fuzziness of the effect was fine for Indians. No, even better, in the minds of the burgeoning antidrug establishment, it was perfect for Indians, because it served to further reinforce the difference between the modern practice of medicine and primitive mysticism.

Roquet's decision to evade further arrest by limiting his psychedelic therapies to the indigenous sphere aligned nicely with his practice as a whole, which had never sought to create distance between the indigenous origins of these drugs and the drugs themselves. He was in this sense the latest in a long line of innovators who saw powerful cures

residing in the worlds of his indigenous informants and sought to adopt the cure and not just the plant. When he tried to do this in the sanitized space of a Mexico City clinic, he inspired devotion in his acolytes and rage in his critics. It was either inspired, revolutionary, transformative, or disturbing, perverse, degenerate.

And then, when within a year of being released from jail, he was trekking off to Wirikuta and other sacred indigenous spaces with his patients, no one outside his small circle of admirers paid any attention. In part this was because the drugs were in their natural settings and somehow less jarring to those who had decried their presence in a Mexico City clinic. In part it was because Roquet himself gave up the claim to science when he passed the responsibility for the session to the shamans. Roquet and his patients were now merely fools traipsing through the countryside, easily ignored by serious men of science. And the drugs themselves made more sense as somehow tied to a mystical religious rite. Remote from the urban context of the drug wars, the non-native peyote enthusiasts who joined Roquet on pilgrimages to the sierra were simply a flakey residue of the 1960s, packaged into the form of the new age spiritualist.